



Flathead County Clerk and Recorder

800 S Main St – Room 114
Kalispell, MT 59901

Request for a record of a Military Discharge (DD-214)

Requests must be properly notarized if submitted by mail.

Service Member Information

Name: _____

Branch of Military: _____

Date of Service: _____

Date Recorded: _____

How many copies? _____

Pursuant to 7-4-2614 M.C.A. A military discharge certificate may be disclosed only to: **a)** the service member **b)** any person with written authorization from the service member or **c)** next of kin or a mortuary if the service member is deceased.

Please indicate which one qualifies you to receive the certificate of discharge.

- Self
- Next of kin with written authorization
- Mortuary: **Must show Death Certificate of deceased**
- Next of kin of deceased service member **Must show Death Certificate of Deceased**
- Other: _____

Requestors Signature

STATE OF _____)
) : ss
County of _____)

Subscribed to and sworn to by _____ on _____ 20 ____ by his/her oath answers the following:

1. I wish to obtain a copy of the Military Discharge Certificate for the above named service member.
2. I understand that Military Discharge Certificates are confidential.
3. I am qualified to obtain a Military Discharge Certificate as I am _____ the service member or _____ the "Next of Kin" of the service member.

Notary Signature

Printed Name of Notary

Notary Public for the State of _____

Residing:

My Commission Expires :

OFFICE USE ONLY: Form of ID _____ Written Authorization _____

