

**MILITARY DISCHARGE AFFIDAVIT**

Sheridan County Clerk and Recorder  
100 West Laurel Ave.  
Plentywood, MT 59254

I, \_\_\_\_\_, swear, depose and state upon my oath, that I am entitled to disclosure of the Military Discharge Certificate of:

\_\_\_\_\_  
(Name of service member of the United States Military)

Further, that pursuant to Montana law, I qualify to obtain information from, or a copy of the Military Discharge Certificate as:

(please check one)

\_\_\_\_\_ **The Service Member**

\_\_\_\_\_ The **next of kin** of the service member (if service member is deceased)

\_\_\_\_\_ **A mortuary**, as defined in 10-2-111 M.C.A., for the purpose of securing burial benefits.

\_\_\_\_\_ **A Veteran's Service Office** or a Veterans' Service Organization, as defined in 10-2-111 M.C.A.

\_\_\_\_\_ **A Veteran's Affairs Division** of the Montana Department of Military Affairs.

\_\_\_\_\_ **A person with written authorization (notarized)** from the service member or from the next of kin if the service member is deceased.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Street of Post Office Address)

\_\_\_\_\_  
(City) (State) (Zip)

County of \_\_\_\_\_ )  
: ss  
State of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Printed name of Notary)

Notary Public for the State of \_\_\_\_\_

(seal)

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_