

MILITARY RECORDS

Request to open for inspection and copying the discharge certificate and report of separation from active duty of _____.

I, _____, whose address is _____
_____ and telephone number is _____,
hereby swear (or affirm) under oath, that pursuant to Va. Code § 17.1-265 (copy attached),

- ☐ I am the subject of the record;
- ☐ I am the duly qualified conservator or guardian of the subject of the record;
- ☐ I am the duly qualified executor or administrator of the estate of the subject of the record or in the event no executor or administrator has qualified, I am the next of kin of the deceased subject;
- ☐ I am the attorney, attorney-in-fact, or other agent or representative of any of the persons described in any of the above, acting pursuant to a written power of attorney or other written authorization;
- ☐ I am a duly authorized representative of an agency or instrumentality of federal, state, or local government seeking the record in the ordinary course of performing its official duties;
- ☐ I am requesting such record of the deceased person for a bona fide genealogical or other research purpose;
- ☐ Time is of the essence and copies of the record(s) is requested to make:
_____ funeral arrangements, _____ for medical care, or _____
_____.

Date

Signature (and title)

City/County of _____
Commonwealth of Virginia

The foregoing was subscribed and sworn before me this _____ day of _____, 20____.

Clerk/Deputy Clerk