

MILITARY DISCHARGE REQUEST



SECTION ONE

Applicant Name: _____

Applicant Email: _____

SECTION TWO (if Applicant in SECTION ONE is the veteran proceed to section Three)

Name of Veteran: _____

Branch of service: _____

SECTION THREE Choose County to obtain records

[Click Here](#)

SECTION FOUR

Applicant must bring the corresponding documentation to the County Recorder's office to obtain the Discharge papers.

Applicant	Personal Photo ID	Official Photo ID	Supporting Documentation Required
The Veteran	YES	NO	None needed.
County Veteran Service Officer	YES	YES	Documentation showing the applicant is obtaining benefits for the veteran.
IN Dept. of Veterans Affairs	YES	YES	Documentation showing the applicant is obtaining benefits for the veteran.
Licensed Attorney	YES	YES	Certified copy of Power of Attorney (POA) for the veteran.
Legal Guardian	YES	NO	Certified & current court order of legal guardianship of the veteran.
Funeral Director	YES	YES	Documentation showing the applicant is providing the veteran's funeral services.
Representative of the Estate	YES	NO	Current court order listing the applicant as personal representative of the veteran's estate.
Next of Kin	YES	NO	Certified copy of veteran's Death Certificate and proof of next of kin (NOK).