

**REQUEST FOR DD214 OR OTHER MILITARY DISCHARGE**

Pursuant to CRS 24-72-204(3)(A), copies of military discharges are to be made available to the veteran, or if the veteran is deceased, to the veteran's parents, siblings, widow or widower and children. For a copy of a DD214 or other military discharge, please complete and have notarized the following authorization.

**Mail request to: Jefferson County Clerk & Recorder 100 Jefferson County Pkwy., Suite 2560 Golden CO 80419-2560.**

1. I am the veteran named below  
**OR**  
The veteran named below is deceased and I am the veteran's parent, sibling, widow/widower or child. (**Circle One**)
2. I authorize the Jefferson County Clerk & Recorder to release to me a copy of the Military Discharge:
3. Veteran's name (**please print**): \_\_\_\_\_
4. Veteran's date of birth: \_\_\_\_\_
5. Approximate recording date of discharge: \_\_\_\_\_

\_\_\_\_\_  
Name of person requesting discharge (**please print**)

\_\_\_\_\_  
Signature of person requesting discharge

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

If copy is to be mailed, please complete below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_