



**ST. LAWRENCE COUNTY
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse
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Sandra W. Santamoore
St. Lawrence County Clerk
Melissa Friedel
St. Lawrence Deputy County Clerk
Lisa Woodard
St. Lawrence Deputy County Clerk

MILITARY DISCHARGE REQUEST

Name of Veteran: _____ Date of birth of Veteran: _____

Person requesting copy: _____ (Printed Name)

Relationship to veteran: _____

Signature of person requesting records: _____

Date: _____

State of New York]

County of St. Lawrence]

On the _____ day of _____ in the year, _____, before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public, County Clerk Staff or Funeral Director

The Privacy Act of 1974 (5 U.S.C. 552a) requires a written request, signed and dated, to access information from military personnel records. Who may have access to a DD-214: A military veteran, or next of kin of a deceased, former member of the military. The next of kin can be any of the following: Surviving spouse that has not remarried, father, mother, son, daughter, sister or brother.

MAIL OR SEND A COPY TO:

