

APPLICATION FOR CERTIFIED MILITARY DISCHARGE

Wexford County Clerk, 437 E Division St, Cadillac MI 49601, 231-779-9450

	Military Informatio	on:			
	Veteran's Name:	First	Middle	Last	
	Branch of Service:				
Date of Birth:		Phone Num	Phone Number:		
Number of Copies Requested:					
	Certificate(s) released to: (PLEASE CHECK APPROPRIATE BOX) The person who is the subject of the record, An Heir (of the deceased person), Legal representative, legal guardian or pursuant to court order. Pursuant to MCL 35.32, a military service discharge records of a person shall be confidential and may be viewed or copied only by the veteran, a person with the veteran's permission (notarized statement required), or the surviving heirs of a veteran.				
	BEFORE SIGNING PLEASE READ THE FOLLOWING, Please ask if you have any questions.				
ć	STATEMENT OF ENTITLEMENT: Misstating identity or assuming the identity of another person is subject to criminal penalties, e.g. Michigan Complied Laws ACT 368, PA 1978 as amended 333.2894(b and 333.2898 and federal laws relating to falsification in obtaining a vital record. By signing this application, I state that I'm eligible to receive this record as indicated above.				
		SIGNATURE:			

TODAY'S DATE: _____

Return Mailing Information:

- ✓ Photocopy of applicants State ID Or Drivers License MUST be included with this request.
- ✓ Include a self addressed stamped envelope.
- Required Vital Records to show lineage. MUST BE CERTIFIED COPIES. All records received will be returned to the individual requesting the DD214.