

STATE OF MONTANA
COUNTY OF SHERIDAN
MILITARY DISCHARGE AFFIDAVIT

I, _____ hereby request a certified copy of the Military Discharge Certificate for _____, a former service member of the United States Military.

Whereas the Military Discharge Certificate has been removed from the definition of "public records" under MCA 2-6-401, and whereas MCA 7-4-2614 has been amended to limit the disclosure of a Military Discharge Certificate.

I, _____, do hereby swear that I understand that Military Discharge Certificates are confidential. I also swear that I am qualified to obtain a Military Discharge Certificate. My relationship to the service member is that of _____.

Signature

Printed Name

State of Montana)
 : ss
County of Sheridan)

On this ___ day of _____, 20___, before me _____, a Notary Public for the State of Montana, personally appeared, _____, known or proved to me to be the person who executed the within instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

(seal)

Printed name of Notary
Notary Public for the State of Montana
Residing at:
My Commission Expires: