

**MILITARY DISCHARGE APPLICATION FOR COPIES (PER MILITARY LAW §250)**  
**SUBMIT TO:** Allegany County Clerk, 7 Court Street, P.O. Box 242, Belmont, NY 14813

**TO BE COMPLETED BY THE VETERAN:**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
(Name of Veteran) (Address)

hereby request that the Allegany County Clerk provide me with a copy of my Honorable Separation from the Armed Forces of the United States (Form DD 214); **OR** that a copy of such record be released and provided by the Allegany County Clerk to:

\_\_\_\_\_, residing at \_\_\_\_\_,  
(Name of Person Receiving Copy) (Address)

Dated: \_\_\_\_\_ Signature of Veteran: \_\_\_\_\_  
(Sign in front of Notary Public)

**TO BE COMPLETED BY APPLICANT OTHER THAN THE VETERAN:**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
(Name of Applicant) (Address)

hereby request that the Allegany County Clerk provide me with a copy of the Honorable Separation from the Armed Forces of the United States (Form DD 214)

**FOR:** (Name of Veteran:) \_\_\_\_\_.

I hereby certify that I am:

- |   |   |
|---|---|
| <input type="checkbox"/> Parent(s) of above named Veteran                               | <input type="checkbox"/> Spouse of above named Veteran                                    |
| <input type="checkbox"/> Dependent/Child of above named Veteran                         | <input type="checkbox"/> Representative of the estate of the deceased above named Veteran |
| <input type="checkbox"/> Public official, acting within the scope of his/her employment |   |

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(Sign in front of Notary Public)

**CIRCLE ONE:** *PLAIN COPY* or *CERTIFIED COPY* **LIBER/PAGE:** \_\_\_\_\_  
or **INSTR. #** \_\_\_\_\_  
(If applicable)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, 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 instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature of Notary Public)