

**APPLICATION FOR CERTIFIED COPY OF
VETERANS DISCHARGE RECORDS**

**DAKOTA COUNTY CLERKS OFFICE
PO BOX 39
DAKOTA CITY, NE 68731**

PLEASE TYPE OR PRINT LEGIBLY

NO FEE (Statute 33-110)

Full name of owner of record:

Month & Year Recorded (If can't remember month/Year discharged)

For what purpose is this record to be used? (Use reverse side if more room is needed)

Certified copies and Information about a Veteran's Discharge is **CONFIDENTIAL** and will only be made available to the veteran, county veterans service officer, or post service officer of a recognized veterans organization. Nebraska Statute 23-1309 states, "It shall be the duty of the county clerk in each county to keep in a separate book or books, entitled Discharge Record, a copy of all discharges or records of separation from active duty from the armed forces of the United States. Information contained in the Discharge Record shall be confidential and made available only to the veteran, county veterans service officer, or post service officer of a recognized veterans organization."

WARNING: IT IS A FELONY TO OBTAIN , POSSESS, USE, SELL, FURNISH, OR ATTEMPT TO OBTAIN ANY VITAL RECORD FOR PURPOSES OF DECEPTION.

OFFICE USE ONLY

Date: _____

Document No.: _____

Book: _____ Page: _____

SIGNATURE: Please insure full signature is inside all lines.

Please provide the name and address of the person to receive the certified copy by and how you wish to receive it (check one). _____ Personally pick up _____ U.S. Mail

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

**If personally picking up, the person named above must provide photo identification.
if receiving by mail, please provide a copy of your driver's license or other picture identification**