

## INSTRUCTIONS FOR ORDERING A CERTIFIED COPY OF A DD-214

If the DD-214 (Military Discharge Paper) was recorded in Cascade County you must fill out a release form and have it notarized. Please include a self-addressed stamped envelope with your request. Mail your request to Cascade County Clerk and Recorder, 121 4<sup>th</sup> St. N, Great Falls, MT 59401.

You may receive 2 free certified copies with each request. If you require more than 2 at one time, additional copies cost \$3.00 each.

The following may request a service members' DD-214:

1. The service member.
2. Next of Kin of a deceased service member (spouse, parent, child, brother, sister)
3. A mortuary for the purpose of securing burial benefits.
4. A Veterans Service Office.
5. The Veterans Affairs Division of the Montana Department of Military Affairs.
6. A person with written authorization (notarized) from the service member or from the next of kin of the service member.

Military Discharge records go back to 1918.

**The service member must have brought the original record to the Clerk and Recorders Office in Cascade County and had it recorded here in order for us to issue copies.** If it was not recorded here please contact the VA or any county that recorded it to request copies.

→ If you cannot print the form on the following page:

On a plain piece of paper, provide the service members full name, approximate date of discharge, your name and address, and your relationship to the service member. All requests must be notarized.

MILITARY DISCHARGE CERTIFICATE RELEASE FORM

I, \_\_\_\_\_, swear, depose and state upon my oath, that I am entitled to disclosure of the Military Discharge Certificate of: \_\_\_\_\_

(Name of the Service Member of the United States Military) recorded in the office of the Cascade County Clerk and Recorder. Military Separation Date: \_\_\_\_\_ (Approximate Year)

Further, that pursuant to Montana Law, I qualify to obtain information from, or a copy of the Military Discharge Certificate as: (Please check one)

\_\_\_\_\_ The Service Member

\_\_\_\_\_ The next of kin of the service member (if service member is deceased)

\_\_\_\_\_ A Mortuary, as defined in 10-2-111 M.C.A., for the purpose of securing burial benefits.

\_\_\_\_\_ A Veteran's Service Office or a Veterans' Service Organization, as defined in 10-2-111 M.C.A.

\_\_\_\_\_ The Veteran's Affairs Division of the Montana Department of Military Affairs.

\_\_\_\_\_ A person with written authorization (notarized) from the service member or from the next of kin if the service member is deceased.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Street of Post Office Address

\_\_\_\_\_  
City State Zip

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

(Notary Seal)

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_