

## Authorization to Record / Request Copy of Military Discharge Document

I, the undersigned, hereby swear or affirm that I am the proper person within GS 47-113.2 (b) to authorize \_\_\_\_\_, serving as authorized agent or representative, to (record) (request a copy of) the military discharge document for \_\_\_\_\_ (veteran's name).

I hereby request that the Register of Deeds (record) (issue uncertified copy of) (issue certified copy of) the military discharge document for the above named veteran for / to the bearer of this authorization.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

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(signature of veteran, veteran's widow/widower or veteran's executor)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

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Notary Public

(seal)

My commission expires: