

| | |
|---|--------------------------------|
| REQUEST REJECTION NO. _____ | REQUEST VERIFICATION NO. _____ |
| REASON: _____ | RECORD LOCATION _____ |
| DATE _____ | DATE _____ |
| NORA DIETZEL, RECORDER OF DEEDS BOONE COUNTY, MISSOURI <i>(Reserved for Recorder's Information)</i> | |

REQUEST FOR MILITARY DISCHARGE PAPERS

Approved by the Recorders Association of Missouri Pursuant to RSMo 59.480

Each Request Form is limited to one record.

1. Record Locator Information:

| | | |
|---------------------------------------|---------------------------------------|-------------|
| Veteran: _____ Last | _____ First | _____ MI |
| Filed in: _____ County, Missouri | | |
| *Date of Birth: _____ | *Branch and Date(s) of Service: _____ | |
| *SSN _____ | _____ | |
| <i>(*Complete one of the options)</i> | | |

2. Type and number of copies requested:

| | |
|-------------------------------|---------------------------------|
| Number _____ Certified Copies | Number _____ Uncertified Copies |
|-------------------------------|---------------------------------|

3. Authorized Party requesting copy:

| | | |
|-------------------------|----------------|-------------|
| Name: _____ Last | _____ First | _____ MI |
| Street Address: _____ | | |
| City, State, Zip: _____ | | |
| Telephone Number: _____ | | |

4. Authorized Statement:

| | |
|--|-------------------------------------|
| I certify that I am the authorized party pursuant to RSMo 59.480 as stated herein and request the following of the above named veteran's record: | |
| 1) _____ Military Discharge Paper or _____ Filed Request Form | |
| 2) Authorization Type: a) _____ Veteran named above; or | |
| b) _____ Agent/representative of veteran (Mark appropriate category) | |
| _____ Relative (Please state relationship) | |
| _____ Attorney or Attorney in Fact | |
| _____ Government Agency or Court (Please state) | |
| _____ Funeral Director | |
| _____ Other (Please state) _____ | |
| Date: _____ | Signature of Authorized Party _____ |

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5. Notary Certificate

State of Missouri

County of _____

On this _____ day of _____, in the year 20____, before me a Notary Public in and for the said

State, personally appeared _____, known to me to be the person(s) who executed the within Request for Military Discharge Papers and acknowledged they executed the same for the purposes stated pursuant to RSMo. 59.480.

My Commission expires: _____

Notary Public Signature

(Seal)

Request forms are not public records under RSMo 59.480. Completed request forms will be maintained in the Recorder of Deeds for a period of five years from date of request and provided pursuant to RSMo 59.480.

INSTRUCTIONS FOR COMPLETING MISSOURI REQUEST FORM RAM59.480

All information must be typed or clearly printed black or dark ink in order to be accepted and filed. The requester shall complete the following information in accordance with the rules and regulations stated.

Section 1. Record Locator Information.

- a. The name of the Veteran and the county that the Military Discharge Paper is filed in must be completed.
- b. At least one of the following options must be provided in order to identify the requested record:
 - *Date of birth
 - *Social Security Number; or
 - *Branch and Date(s) of Service

Section 2. Type and number of copies requested. Each request form is limited to one Military Discharge Record. Requester must state the number of each type of copy of the record to be requested. The Recorder of Deeds shall determine the maximum number of copies allowed per each request.

Section 3. Authorized Party requesting copy. The name, complete mailing address and the telephone number of the party authorized to make the request must be completed.

Section 4. Authorized Statement. The requestor must complete 1) Type of request being made and 2) Type of authority granted by statute either a) or b). The requestor must date and sign as the Authorized Party in the presence of a Notary Public. The Recorder of Deeds may request proof of identify and any additional documentation to verify the requestor's statutory capacity.

Section 5. Notary Certificate. The notary shall complete the notary clause in accordance with state laws. This shall include, but not be limited to an original signature and their seal if applicable.

Recorder of Deeds Verification or Rejection.

1. The Recorder of Deeds shall complete the Request Verification of the Military Discharge Record Request by:

- a. Assigning a Request Verification Number
- b. Stating the location of the record provided (i.e. book and page, index number, etc.)
- c. Provide the date the request was completed and filed.
- d. Sign or initial the Verification.
- e. Recorder shall maintain and file the original request form.

2. If a Request for Military Discharge Paper is incomplete or inaccurate, the Recorder of Deeds may reject the request by:

- a. Assigning a Request Rejection Number
- b. Stating the reason under the Request Rejection
- c. Provide the date the request was rejected
- d. Sign or initial the Rejection.
- e. Recorder shall keep a copy of the rejected request form and return the original to the requester.

3. The Recorder of Deeds shall maintain an index separate from the public for all Verifications and Rejections.

4. The Recorder of Deeds shall keep and file all Verifications and Rejections for a period of five years from the date of the request. The Request Forms are not public records and only provided pursuant to RSMo 59.480.