

# REQUEST FOR MILITARY DISCHARGE PAPERS FROM THE LACKAWANNA COUNTY RECORDER OF DEEDS

## Section I - Record Locator Information

Veteran: \_\_\_\_\_  
(Last) (First) (MI)

\*Date of Birth \_\_\_\_\_ \*SSN or Service Record # \_\_\_\_\_ \*Branch and Date(s) of \_\_\_\_\_  
*\*Complete one of the options*

Section II Number \_\_\_\_\_ Certified Copies \_\_\_\_\_

## Section III - Authorized Party Requesting Copy

Name: \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

## Section IV - Authorized Statement

I certify that I am the authorized party pursuant to 16 PS § 9759.1 as stated herein and request the Military Discharge Records of the above named veteran:

Authorization Type: \_\_\_\_\_ Veteran named above (identification viewed & copy attached)

\_\_\_\_\_ Agent/representative of Veteran (circle a category & provide documentation)  
\_\_\_\_\_ Relative  
(Please state relationship & provide proof)

\_\_\_\_\_ Attorney or Attorney in Fact  
\_\_\_\_\_ Government Agency or Court  
(Please specify)

\_\_\_\_\_ Funeral Director (if request is faxed please include a coversheet on your official business letterhead as verification fax to 570-963-6390)

\_\_\_\_\_ Other \_\_\_\_\_  
(Please specify)

## CERTIFICATION

The undersigned applicant hereby certifies under Penalty of the law that the foregoing information is true and correct to the best of his or her knowledge and belief. The applicant understands that providing false information is a crime punishable under Pennsylvania Crime Code (18 Pa. C.S. 4904)

Date: \_\_\_\_\_  
Signature of Authorized Party

## Section V - Notary Acknowledgment is required if application for record is made by Mail

County of \_\_\_\_\_ State 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 16 PA § 9759.1

My Commission expires: \_\_\_\_\_ 20 \_\_\_\_\_  
Notary Public Signature

Seal)

REQUEST MAILED OR HAND DELIVERED TO: _____	
(CIRCLE ONE)	(Name)
_____ (Complete mailing address)	
RECORD LOCATION _____	DATE _____
ROD STAFF MEMBER COMPLETING REQUEST _____	REASON FOR REJECTION OF REQUEST _____

**INSTRUCTIONS FOR COMPLETING THE MILITARY DISCHARGE REQUEST FORM**

All information must be typed or clearly printed in 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 full name of the Veteran 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 – Service Record # - Branch and Date(s) of Service

**Section 2. Number of copies requested.** Each request form is limited to one Military Discharge Record. 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 authority granted by statute. 2.) The requestor must date and sign as the Authorized Party and provide Identification. The Recorder of Deeds may request any additional documentation to verify the requestor’s statutory capacity.

**Section 5. Notary Certificate.** If the application is made by mail the request must be notarized. 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 Request form by:
  - a. Stating the location of the record provided (i.e. book and page, index number, etc.)
  - b. Provide the date the request was completed and filed.
  - c. Sign the Verification.
  - d. 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. Stating the reason under the Request Rejection
  - b. Provide the date the request was rejected
  - c. Sign or initial the Rejection.
  - e. The Recorder of Deeds shall keep a copy of the rejected request form and return a copy to the requestor.
3. The Recorder of Deeds shall keep and file all Verifications and Rejections for a period of ten years from the date of the request. The Request Forms are not public records.