	PEOLII	EST VERIFICATION NO.:		
REOUEST REJECTION NO.: REASON:		RD LOCATION:		
DATE:				
BITTE.			_	
	RECOL	RDER OF DEEDS		
			, MISSOURI	
(Reserved for Recorder's Information)				
REQUEST FOR MILITARY DISCHARGE PAPERS				
_	roved by the Recorders Ass			
1 Decord Locator Information	Each Request Form is limited	d to one record.		
1. Record Locator Information:				
Veteran:				
Last		First	MI	
Filed in:				
*Date of Birth:		*Branch and Date(s) of Service:		
*SSN:	(*Complete one of the	options)		
2. Type and number of copies requested:				
Number Certified Copies		Number Uncertified Copies		
3. Authorized Party requesting copy:				
Name:		First	MI	
Last		First	MI	
			MI	
Last Street Address:			MI	
Last Street Address: City, State, Zip: Telephone Number:			MI	
Last Street Address: City, State, Zip: Telephone Number: 4, Authorized Statement:				
Last Street Address: City, State, Zip: Telephone Number: 4, Authorized Statement:				
Last Street Address:	ty pursuant to RSMo 59.480	as stated herein and request the folk		
Last Street Address:	ty pursuant to RSMo 59.480 r or Filed Req Veteran named above; or	as stated herein and request the folk uest Form		
Last Street Address:	ty pursuant to RSMo 59.480 r or Filed Req Veteran named above; or	as stated herein and request the folk uest Form eran (Mark appropriate category)		
Last Street Address: City, State, Zip: Telephone Number: 4, Authorized Statement: I certify that I am the authorized parabove named veteran's record: 1)Military Discharge Pape 2) Authorization Type: a)b)	ty pursuant to RSMo 59.480 r or Filed Req _Veteran named above; or _Agent/representative of vet _Relative (Please state relation	as stated herein and request the follouest Form eran (Mark appropriate category) onship)		
Last Street Address: City, State, Zip: Telephone Number: 4, Authorized Statement: I certify that I am the authorized parabove named veteran's record: 1)Military Discharge Pape 2) Authorization Type: a)b)	ty pursuant to RSMo 59.480 r or Filed Req Veteran named above; or Agent/representative of vet	as stated herein and request the folk uest Form eran (Mark appropriate category) onship)		
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(Continued on Page 2)

5. Notary Certificate

State of Missouri		
County of		
On this day of, in the year 20, befo	re 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:		
(Seal)	Notary Public Signature	

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 REOUEST 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 t. 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 I) 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 S. 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.