

MILITARY RECORDS

Request to open for inspection and copying the discharge certificate and report of separation from active duty of _____.

I, _____, whose address is _____ and telephone number is _____, hereby swear (or affirm) under oath, that pursuant to Va. Code § 17.1-265,

- I am the subject of the record;
- I am the duly qualified conservator or guardian of the subject of the record;
- I am the duly qualified executor or administrator of the estate of the subject of the record or in the event no executor or administrator has qualified, I am the next of kin of the deceased subject;
- I am the attorney, attorney-in-fact, or other agent or representative of any of the persons described in any of the above, acting pursuant to a written power of attorney or other written authorization;
- I am a duly authorized representative of an agency or instrumentality of federal, state, or local government seeking the record in the ordinary course of performing its official duties;
- I am requesting such record of the deceased person for a bona fide genealogical or other research purpose;
- Time is of the essence and copies of the record(s) is requested to make: _____ funeral arrangements, _____ for medical care, or _____.

Date

Signature (and title)

Commonwealth of Virginia
County of Fauquier,

The foregoing was subscribed and sworn before me this _____ day of _____, 20 _____.

Clerk/Deputy Clerk