

Please complete both pages and submit with a photocopy of your driver's license or state issued ID.

## DD-214 REQUEST

### OCGA 15-6-72(c)(2)

Upon presentation of proper identification, any of the following persons may examine a record filed pursuant to this Code section or obtain free of charge a copy or certified copy of all or part of such record:

- (A) The person who is the subject of the record;
- (B) The spouse or next of kin of the person who is the subject of the record;
- (C) A person named in an appropriate power of attorney executed by the person who is the subject of the record;
- (D) The administrator, executor, guardian, or legal representative of the person who is the subject of the record; or
- (E) An attorney for any person specified in subparagraphs (A) through (D) of this paragraph.

### SUBJECT OF RECORD:

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LAST NAME	FIRST NAME	MIDDLE INITIAL
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BIRTHDATE

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DATE OF DISCHARGE

### REQUESTING PARTY:

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LAST NAME	FIRST NAME	MIDDLE INITIAL
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RELATIONSHIP TO RECORD HOLDER

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TYPE OF IDENTIFICATION PRESENTED

**Affidavit to View or Copy Military Discharge Records**

(A)

*Identifying Information of Person Desiring to View or Copy Records*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code \_\_\_\_\_  
\*Driver's License/Social Security  
Number: \_\_\_\_\_

(B)

*Identifying Information of Person Whose Military  
Discharge Records are on File in Clerk's Office*

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Approximate Date of Discharge  
from Military Services: \_\_\_\_\_

I, the party named in Section (A) above, hereby certify to the Clerk of Terrell County, Dawson, Georgia, that I am (check appropriate box):

- The person who is the subject of the record
- The spouse or next of kin of the person who is the subject of the record
- A person named in an appropriate power of attorney executed by the person who is the subject of the record
- The administrator, executor, guardian, or legal representative of the person who is the subject of the record: or
- An attorney for any person specified in subparagraphs (A) through (D) of the paragraph.

I understand the following, as provided in O.C.G.A. 15-6-72 of the Official Code of Georgia Annotated:

- . Records I obtain pursuant to this request shall not be reproduced or used in whole or in part for any commercial or speculative purposes.
- . I am prohibited by law from disseminating or disclosing discharge information or any part thereof except as authorized in O.C.G.A. 15-6-72 or as otherwise provided by law.
- . Violation of this subsection shall constitute a misdemeanor and shall be punished by a fine not to exceed \$5,000.00.
- . The clerk of the superior court shall not be liable and shall be held harmless should I copy, reproduce, or use records I view or receive copies in violation of O.C.G.A. 15.6-72

Under the penalty of law, I, the person named in Section (A) above, certify that the above and foregoing information is true and correct.

\_\_\_\_\_  
Signature of Person Making this Request

\*Required information that must be verified by Clerk of Deputy Clerk