

48 Court Street
Canton NY 13617-1198
Phone: 315-379-2237
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St. Lawrence County
Clerk's Office

MILITARY DISCHARGE REQUEST

Veteran: _____ Date of Birth: _____

Person requesting copy: _____ (Printed Name)

Relationship to veteran: _____

Signature of Person Requesting Records: _____

Date: _____

MAIL COPY TO: _____

State of New York]
County of St. Lawrence]

On the day of in the year, , before me, the undersigned, a Notary Public in and for said State, personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Or County Clerk Staff