

TOWN OF EASTON, CONNECTICUT

Office of the Town Clerk

Request for copy of Armed Forces Discharge

Veterans Full Name _____

Veterans date of birth _____

I certify that the person named in the discharge request is:

_____ myself _____ my spouse _____ my child

_____ my grandchild _____ my parent _____ my grandparent

_____ a person whom I legally represent

OR

_____ I am a representative of a funeral home providing funeral services for the above named veteran.

Your name _____

Your address _____

Signature _____ Date _____

Identification provided:

_____ Photo ID –Drivers License# _____ Photo ID-other (specify)

OR two (2) of the following

_____ social security card _____ written verification of identity from employer

_____ automobile registration _____ bank account deposit slip w/name & address

_____ utility bill w/name & address _____ other (specify) _____

How many copies _____ certified _____ uncertified