

REQUEST TO ACCESS MILITARY DISCHARGE RECORD

I hereby request the Chesterfield Circuit Court Clerk's Office to permit access to the military discharge record(s) of the following individual:

Pursuant to § 17.1-265 of the Code of Virginia, 1950, as amended, I hereby certify that: [Check all that apply]

- I am the subject of the record.
[Required: Photo ID]
- I have qualified as conservator or guardian of the subject of the record.
[Required: Certificate of Qualification and photo ID]
- The subject of the record is now deceased and:
 - I have qualified as executor or administrator of his/her estate.
[Required: Certificate of Qualification and photo ID]
 - No executor or administrator has qualified and I am his/her next of kin.
[Required: Proof of death – e.g., obituary, death certificate and photo ID]
 - The records are requested for bona fide genealogical or other research purposes.
[Required: Proof of death – e.g., obituary, death certificate and photo ID]
- I am an attorney, attorney-in-fact, or other agent or representative of any of the persons described above, acting pursuant to a written power of attorney or other written authorization.
[Required: Notarized power of attorney or other notarized written authorization and photo ID]
- 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
[Required: Proof of employment – e.g., business card, employee badge, etc. and photo ID]

Signature: _____ Date: _____

Printed name: _____

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Commonwealth/State of: _____

City/County of: _____

Acknowledged, subscribed and sworn to before me on _____
by _____.

My Commission Expires: _____

Signature of Notary Public/Deputy Clerk
Printed Name: _____

**AUTHORIZATION FORM IS VALID FOR 30 DAYS FROM DATE OF EXECUTION.
FORM IS CONSIDERED INVALID IF NOT PROPERLY NOTARIZED/EXECUTED.**

Received by: _____ Date: _____
Deputy Clerk

Action taken: Photo ID reviewed and copied
Copy of discharge record provided
Copy request denied Reason: _____