REQUEST REJECTION NO.	REQU	JEST VERIFICATION NO		
REASON:	RECO	ORD LOCATION		
DATE	DATE	E		
			· .	
	REC	ORDER OF DEEDS	· · · · · · · · · · · · · · · · · · ·	
	(Reserved for Recorder's I	CO)	UNTY, MISSOURI	
DEOUEST EC	D MILTTADY	DICCILADOED	ADEDG	
	oved by the Recorders Ass	DISCHARGE P.	APERS	
Аррго	Each Request Form is limite	d to one record.	,	
1. Record Locator Information:	· · · · · · · · · · · · · · · · · · ·		·	
Veteran:		·		
Last Filed in:	County Missessi	First	MI	
Filed in:*Date of Birth:	- ···	*Branch and Date(s) of S	Service:	
*SSN	(*Complete one of the	options)		٠.
2 7				-
2. Type and number of copies request NumberCertified Copies	red:	Number Uncertifi	od Conice	
тапос обрез		Mumber Oncerum	ed Copies	
3. Authorized Party requesting copy:			:	
Name:				
Name: Last		First	MI	
Last Street Address:		First	MI	
Last		First	MI	
Last Street Address:		First	MI	
Last Street Address: City, State, Zip: Telephone Number:		First	MI	
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized p	arty pursuant to RSMo 59			ng.
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's rec	arty pursuant to RSMo 59 ord:	.480 as stated herein and เ		ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's rec	arty pursuant to RSMo 59 ord: per or Filed I	.480 as stated herein and r		ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled I _ Veteran named above; c	.480 as stated herein and i Request Form ir	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled I _ Veteran named above; c	.480 as stated herein and r Request Form or veteran (Mark appropriate	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled I _ Veteran named above; o _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled I _ Veteran named above; o _ Agent/representative of Relative (Please state r	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled R _ Veteran named above; of _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in _ Government Agency or _ Funeral Director	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled R _ Veteran named above; o _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in _ Government Agency or	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled R _ Veteran named above; of _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in _ Government Agency or _ Funeral Director	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address:  City, State, Zip:  Telephone Number:  4. Authorized Statement:  I certify that I am the authorized pof the above named veteran's rectly Military Discharge Path 2) Authorization Type: a)  b)  b	arty pursuant to RSMo 59 ord: per orFiled R _ Veteran named above; of _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in _ Government Agency or _ Funeral Director	.480 as stated herein and r Request Form or veteran (Mark appropriate elationship)	request the followin	ng
Last Street Address: City, State, Zip: Telephone Number:  4. Authorized Statement: I certify that I am the authorized pof the above named veteran's recent posterior of the Authorization Type: a)  2) Authorization Type: a)	arty pursuant to RSMo 59 ord: per orFiled R _ Veteran named above; of _ Agent/representative of _ Relative (Please state r _ Attorney or Attorney in _ Government Agency or _ Funeral Director	.480 as stated herein and i Request Form or veteran (Mark appropriate elationship) Fact Court (Please state)	request the followin	ng

(Continued on Page 2)

5. Notary Certificate	
State of Missouri	
County of	
On this day of,	in the year 20, before me a Notary Public in and for the said
	executed the within Request for Military Discharge Papers and ne for the purposes stated pursuant to RSMo. 59.480.
My Commission expires:	
	Notary Public Signature
(Seal)	

## INSTRUCTIONS FOR COMPLETING MISSOURI REQUEST FORM RAM59.480

All information must be typed or clearly printed black or dark ink in order to be accepted and filed. The requester shall complete the following information in accordance with the rules and regulations stated.

Section 1. Record Locator Information.

Request forms are not public records under RSMo 59.480. Completed request forms will be maintained in the Recorder of Deeds for a period of five years from date of request and provided pursuant to RSMo 59.480.

- a. The name of the Veteran and the county that the Military Discharge Paper is filed in must be completed.
- b. At least one of the following options must be provided in order to identify the requested record:
  - \*Date of birth
  - \*Social Security Number; or
  - \*Branch and Date(s) of Service

Section 2. Type and number of copies requested. Each request form is limited to one Military Discharge Record. Requester must state the number of each type of copy of the record to be requested. The Recorder of Deeds shall determine the maximum number of copies allowed per each request.

Section 3. Authorized Party requesting copy. The name, complete mailing address and the telephone number of the party authorized to make the request must be completed.

Section 4. Authorized Statement. The requestor must complete 1) Type of request being made and 2) Type of authority granted by statute either a) or b). The requestor must date and sign as the Authorized Party in the presence of a Notary Public. The Recorder of Deeds may request proof of identify and any additional documentation to verify the requestor's statutory capacity.

Section 5. Notary Certificate. The notary shall complete the notary clause in accordance with state laws. This shall include, but not be limited to an original signature and their seal if applicable.

## Recorder of Deeds Verification or Rejection.

- 1. The Recorder of Deeds shall complete the Request Verification of the Military Discharge Record Request by:
  - a. Assigning a Request Verification Number
  - b. Stating the location of the record provided (i.e. book and page, index number, etc.)
  - c. Provide the date the request was completed and filed.
  - d. Sign or initial the Verification.
  - e. Recorder shall maintain and file the original request form.
- 2. If a Request for Military Discharge Paper is incomplete or inaccurate, the Recorder of Deeds may reject the request by:
  - a. Assigning a Request Rejection Number
  - b. Stating the reason under the Request Rejection
  - c. Provide the date the request was rejected
  - d. Sign or initial the Rejection.
  - e. Recorder shall keep a copy of the rejected request form and return the original to the requester.
- 3. The Recorder of Deeds shall maintain an index separate from the public for all Verifications and Rejections.
- 4. The Recorder of Deeds shall keep and file all Verifications and Rejections for a period of five years from the date of the request. The Request Forms are not public records and only provided pursuant to RSMo 59.480.