Name & Return Address

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**Request for Disclosure of**
**Discharge Papers**

Please print legibly or type information.

VETERAN – I declare that in addition to next of kin as defined by RCW 42.56.440, the following individuals may have access and / or obtain copies of the military discharge papers filed with the County Auditor under the reference number(s) listed below:

| Last Name | First Name | MI |
|---|---|---|

Signature of Veteran

In accordance with RCW 42.56.440, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002, and not commingled with other records and after July 1, 2002 may be released only to the veteran, the veteran's next of kin, a deceased veteran's properly appointed personal representative or executor, a person holding the veteran's general power of attorney, or individuals designated below. Per RCW 42.56.440, next of kin is defined as widow or widower who has not remarried, son, daughter, father, mother, brother and sister.

DESIGNEE

| Last Name | First Name | MI |
|---|---|---|
| Last Name | First Name | MI |
| Last Name | First Name | MI |

AUDITOR'S REFERENCE NUMBER(s)

_____ _____

_____ _____

This form used for discharge papers recorded prior to July 1, 2002 not commingled with other records and recorded after July 1, 2002.
FORM: VET 2 (Recording Fee – 0.00)