



Carly Koppes
Weld County Clerk & Recorder
1250 H Street
PO Box 459
Greeley, CO. 80632
Website: weldgov.com
Phone: (970) 304-6530

REQUEST FOR CERTIFIED COPY OF A MILITARY DISCHARGE

Pursuant to CRS 24-72-204 (3)(a)(XVIII), copies of military discharges are made available to the veteran, or if the veteran is deceased, to the veteran's parents, siblings, widow/widower, and children.

Veterans Full Name: _____

Full Name of Person Making Request: _____

Number of Copies Requested: _____

Is the Veteran Deceased? YES _____ NO _____

Relationship to Veteran of Person Making Request:

_____ Self or _____ Power of Attorney for Living Veteran

POA Verified? YES _____ NO _____

_____ Parent _____ Sibling _____ Child _____ Widow/Widower

Type of ID and Number: _____

Name and Mailing Address:

Phone Number: _____

Under penalty of perjury, I declare that the foregoing information is true, to the best of my knowledge, information, and belief.

Signature of Person Making Request: _____

Please submit this request along with a copy of your ID to:

Weld County Clerk and Recorder
Attn: Recording Department
PO BOX 459
Greeley, CO. 80632

Office Use Only:

Date _____ Mailed _____ In Office _____ Clerk _____