

Name & Return Address

**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 42.17.310, 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 42.17.310, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002 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 42.17.310, 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)

Name & Return Address

**Request for Access / Copy
of Exempt Discharge Papers**

Please print legibly or type information.

VETERAN

Last Name

First Name

MI

In accordance with RCW 42.17.310, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002, and commingled with other records 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 identified with the County Auditor under the reference number(s) listed below.** Per RCW 42.17.310, 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

I declare under penalty of perjury under the laws of the United States of America that I am eligible under RCW 42.17.310 to access and / or copy discharge papers of the veteran named above.

Signature

Relation to Veteran

AUDITOR'S REFERENCE NUMBER(S)

AFN Designating Access

AFN Accessed Discharge Paper(s)

FORM: VET 4 (Recording Fee - 0.00)

Name & Return Address

**Revocation and Re-designation
Of Disclosure of
Discharge Papers**

Please print legibly or type information.

The undersigned veteran of the United States Armed Forces does hereby revoke and terminate the Request for Disclosure of Discharge Papers recorded in _____ County under auditor's file number _____.

Further, in accordance with RCW 42.17.310, the undersigned designates the individuals listed below to access his / her discharge papers recorded in _____ County under auditor's file number(s) _____ / _____.

DESIGNEE:

Last Name First Name MI _____

Last Name First Name MI _____

Last Name First Name MI _____

Last Name First Name MI _____

Signature of Veteran

Date