



## **MILITARY DISCHARGE (DD-214) Public Record Request Form**

**To: Payne County Clerk's Office**

Request is hereby made to reproduce the following public record(s)

(Indicate the name on the document, branch of service, document Number(s) and Book and Page where recorded if known).

Name on Document

Branch of Service

Document Number(s)

and Book and Page where recorded if known

**Pursuant to 19 O.S. & 270**

- A.** The county clerk shall keep any Department of Defense form 214(DD-214) filed with the clerk, including and DD Form 214 that was filed before the effective date of this act, separate from records available for public inspection and shall not make the Form 214 available to any person except as provided in section. A record of the names of veterans who have filed DD forms 214 with the clerk shall be made available for public inspection.
  
- B.** The County Clerk may authorize the viewing or copying of a veterans's DD form 214 only by the veteran, the veteran's spouse or child, a guardian for or a person having power of attorney for the veteran, spouse, or child upon presentation of a court order showing the appointment, the executor or administrator of the estate of the veteran or spouse upon presentation of a court order showing the appointment, a representative of the United States Department of Veterans Affairs, a funeral director upon presentation of a contract signed by the person responsible for the funeral cost for the veteran or a person authorized by the court to view or copy the DD Form 214 upon presentation of the court order. The clerk shall record the names and addresses of all persons viewing or copying a DD Form 214.
  
- C.** A county clerk shall not be liable or responsible for any harm or damages that may occur as a result of any person obtaining, copying or viewing a DD Form 214.

## Required Applicant Information

Name: \_\_\_\_\_ (Attach copy of photo I.D.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Authorized to view or receive copy of this DD214 by being the Veteran

The Veterans spouse or child

Other person as authorized (Attach document as required in paragraph B.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*Mail Completed Request to:*

**Glenna Graig**

**Payne County Clerk**

**315 West 6th Ave, Ste. 202**

**Stillwater, OK 74074**

*Return Copies To:*

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