

Affidavit to View or Copy Military Discharge Records

(A)

Identifying Information of Person Desiring to View or Copy Records

Name:	
Address:	
City:	
Zip Code:	
Driver's License/Social Security #	

(B)

Identifying Information of Person Whose Military Discharge Records are on File in Clerk's Office

Name:	
Date of Birth:	
Social Security Number:	
Approximate Date of Discharge from Military Service:	

I, the party named in Section (A) above, hereby certify to the Clerk of Dade Superior Court, Trenton, Georgia, that I am (check appropriate space):

- _____ The Person who is the subject of the record
- _____ The Spouse or next of kin of the person who is the subject of the record
- _____ A person named in an appropriate power of attorney executed by the person who is the subject of the record
- _____ The Administrator, Executor, Guardian of legal representative of the person who is the subject of the record; or
- _____ An attorney for any person specified in subparagraphs (A) through (D) of this paragraph.

I understand the following, as provided in OCGA 15-6-72 of the Official Code of Georgia Annotated:

- Records I obtain pursuant to this request shall not be reproduced or used in whole or in part for any commercial or speculative purposes.
- I am prohibited by law from disseminating or disclosing military discharge information or any part thereof except as authorized in OCGA 15-6-72 or as otherwise provided by law.
- Violation of this subsection shall constitute a misdemeanor and shall be punished by a fine not to exceed \$5,000.00.
- The clerk of superior court shall not be liable and shall be held harmless should I copy, reproduce, or use records I view or receive copies of in violation of OCGA 15-6-72.

Under the penalty of law, I, the person named in Section (A) above, certify that the above foregoing information is true and correct.

Signature of Person Making this Request

Required information must be verified by Clerk or Deputy Clerk