

Saline County Clerk & Recorder
10 East Poplar Street, Suite 17
Harrisburg, Illinois 62946
618-253-8197
618-252-3073

Office Hours
Monday-Friday
8:00 am – 4 pm

BK____PG____

REQUEST FOR MILITARY SERVICE DISCHARGE RECORD

Please note that you must belong to one of the following categories in order to receive a copy of a discharge record, as outlined in Public Act 093-0468 effective January 1, 2004.

A picture ID will be required in order to obtain this record.

Please mark the appropriate line below:

____ I am the person named in the document.

____ I am a dependent of the person named on the document.

____ I am a Saline County veteran's service officer.

____ I am a representative of the Department of Veteran's Affairs.

____ I am presenting written authorization from the person named in the document or from his/her dependents.

____ I am a licensed funeral director. License # _____

I am requesting _____ copies of this military service discharge record for

_____. (Veteran named on discharge)

REQUEST MADE BY:

Name: (print) _____

Address: _____

Phone: _____

Signature: _____