TOWN OF BETHEL, CONNECTICUT

Office of the Town Clerk
Request for copy of Armed Forces Discharge

Veterans Full Name _____

Veterans date of birth _____

I certify that the person named in the discharge request is:

_____myself _____my spouse _____ my child

_____my grandchild _____my parent _____my grandparent

_____a person whom I legally represent

OR

_____I am a representative of a funeral home providing funeral services for the above named veteran.

Your name _____

Your address _____

_____

Signature _____ **Date** _____

Identification provided:

_____Photo ID –Drivers License# _____Photo ID-other (specify)

OR two (2) of the following

_____social security card _____written verification of identity from employer

_____automobile registration _____bank account deposit slip w/name & address

_____utility bill w/name & address _____other (specify) _____

How many copies _____certified _____ uncertified