



# REQUEST FORM CERTIFIED COPY MILITARY DISCHARGE

VETERAN'S NAME

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VETERAN'S ADDRESS

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APPLICANT'S NAME

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APPLICANT'S ADDRESS

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PHONE NUMBER

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RELATIONSHIP TO VETERAN

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NUMBER OF COPIES REQUESTED

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APPLICANT'S SIGNATURE

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DATE

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**Please enclose a copy of a current Photo ID**  
(there's no fee for this service)

MAIL TO: West Hartford Town Hall  
Town Clerk's Office - Room 313  
50 South Main Street  
West Hartford, CT 06107

**Please include a stamped, self-addressed envelope**