



TOWN CLERK'S OFFICE
50 South Main Street, Room 313
West Hartford, CT 06107
(860) 561-7430

APPLICATION FOR COPY OF MILITARY DISCHARGE

VETERAN'S NAME

VETERAN'S ADDRESS

APPLICANT'S NAME

APPLICANT'S ADDRESS

PHONE NUMBER

RELATIONSHIP TO VETERAN

NUMBER OF COPIES REQUESTED

APPLICANT'S SIGNATURE

DATE

When mailing this form to the Town of West Hartford Clerk's Office, please include all of the following items:

- Original Application Form
- Photocopy of Current Photo ID
- Proof of relationship (i.e. birth certificate)
- Self-Addressed Stamped Envelope
- **There is no fee for this service**