REQUEST TO ACCESS MILITARY DISCHARGE RECORD

	est the Prince William County Circuit Court Clerk's Office to permit access to the military discharge the following individual:
Pursuant to V	irginia Code § 17.1-265, as amended, I hereby certify that: [Check all that apply]
I am the sul [Requi I have quali [Requi The subject I h No Th I am an atto pursuant t [Requi I am a duly	bject of the record. ired: Photo ID] ified as conservator or guardian of the subject of the record. ired: Certificate of Qualification and photo ID] of the record is now deceased and: ave qualified as executor or administrator of his/her estate. [Required: Certificate of Qualification and photo ID] o executor of administrator has qualified and I am his/her next of kin. [Required: Proof of death – e.g., obituary, death certificate and photo ID] e records are requested for bona fide genealogical or other research purposes. [Required: Proof of death – e.g., obituary, death certificate and photo ID] orney, attorney-in-fact, or other agent or representative of any of the persons described above, acting or a written power of attorney or other notarized written authorization and photo ID] authorized representative of an agency or instrumentality of federal, state, or local government seeking the ordinary course of performing its official duties
[Requi	red: Proof of employment – e.g., business card, employee badge, etc. and photo ID]
Signature:	Date:
Printed name:	
Commonwealth/	State of:
City/County of:_	
Ackno	owledged, subscribed and sworn to before me on
by	
My Commission	Expires: Signature of Notary Public/Deputy Clerk
	Printed Name:
	AUTHORIZATION FORM IS VALID FOR 30 DAYS FROM DATE OF EXECUTION. FORM IS CONSIDERED INVALID IF NOT PROPERLY NOTARIZED/EXECUTED.
Received by:	Date:
,	Deputy Clerk
Action taken:	Photo ID reviewed and copied Copy of discharge record provided Copy request denied Reason: