

**WV CODE §7-1-311**  
**AFFIDAVIT TO SUPPORT REQUEST FOR ACCESS TO**  
**MILITARY DISCHARGE CERTIFICATE OR REPORT OF SEPARATION**

State of \_\_\_\_\_, County of \_\_\_\_\_, to-wit:

The undersigned, \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Address of Requestor)

requests access to the military discharge certificate or the report of separation from active duty for the following person:

\_\_\_\_\_; and for the purpose of gaining access to such record, state the following:

- (a) I am the person of the record (please provide a picture ID to the County Clerk or Deputy);
- (b) I am the duly qualified conservator or guardian of the person of the record;
- (c) I am the duly qualified executor or administrator of the estate of the person of the record, if deceased, or, in the event no executor or administrator has qualified, the next of kin of the deceased person (please state your relationship to the decedent: \_\_\_\_\_);
- (d) I am the attorney, attorney-in-fact, or other agent or representative of the person described in (a), (b), or (c) above, acting pursuant to a written power of attorney or other written authorization;
- (e) I am a duly authorized representative of an agency or instrumentality of federal, state, or local government seeking the record in the ordinary course of performing its official duties;
- (f) I am requesting a copy of such record for the purpose of making funeral arrangements or arrangements for medical care; or
- (g) The named person is deceased, and I am requesting access to such record for Bona fide genealogical or other research purposes (state the nature of your request and your relationship to the decedent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_).

\_\_\_\_\_  
Signature of Requestor

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIX NOTARY SEAL**