

WV CODE § 7-1-311

AFFIDAVIT TO SUPPORT REQUEST FOR ACCESS TO MILITARY DISCHARGE CERTIFICATE OR REPORT OF SEPARATION

State of West Virginia, County of Preston, to-wit:

The undersigned, _____

(Print Name and Address of Requestor)

Request 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: * ___ Self

Spouse ___ Mother ___ Father ___ Brother ___ Sister ___ Grandparent ___

- (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 qualified person of the record, if deceased, or, in the event no executor or administrator had 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 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 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
Identification is required

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

Linda Huggins, Preston County Clerk

By: _____
Deputy County Clerk