

ID received _____ yes _____no
Copy sent/given _____yes _____no
Date _____ Initials _____

ATTN: Town Clerk
Town of Enfield
820 Enfield Street
Enfield, CT 06082

TOWN OF ENFIELD
REQUEST FOR MILITARY DISCHARGE DOCUMENTS
REQUEST BY MAIL MUST BE ACCOMPANIED BY A SELF ADDRESSED STAMPED ENVELOPE

PLEASE PRINT

A. FULL NAME OF VETERAN: _____

DATE OF BIRTH: _____

B. I claim access to this veteran record because (check the appropriate):

_____ I am the veteran , his/her conservator, or family member.

_____ Any public entity needing to establish eligibility for veteran benefits.

_____ Any person needing information to provide a benefit.

_____ Any person who acquires a benefit on behalf of the veteran's estate.

_____ The state librarian.

_____ Funeral director acting on behalf of the state.

_____ Authorized genealogists.

SIGNATURE OF PERSON MAKING REQUEST

DATE