



KAREN A. STUKEL

WILL COUNTY RECORDER

158 N. Scott Street * Joliet, IL 60432
815/740-4637 * Fax 815/740-4638
www.willcountyrecorder.com

September 24, 2003

Memo to Our Customers:

Recent legislation now prohibits the Recorder's office from displaying DD214 information to the public.

PA 93-0468, SB715, and the Federal Privacy Act of 1974, state that Military Discharge forms (DD214) are not subject to public inspection.

The legislation is changed to read in part: "...These documents shall be accessible only to the person named in the document, named person's dependents, county veterans' service officer, representatives of the Department of Veterans' Affairs, or any person with written authorization from the named person or named person's dependents."

The Recorder's office will now require a picture ID from the requesting party or a letter of authorization before copies of DD214 will be made available.

Copies remain free of charge to Veterans and/or their representatives. The Recorder's office staff will be happy to answer questions concerning DD214 copies or how military discharges are indexed in our records.

The Recorder assures Veterans and their representatives that the records are secure and will be made available only to those persons so named in the legislation.



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APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

Applicant: _____

Applicant's relationship to Veteran:

- | | |
|---|---|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> County Veterans' Service Officer |
| <input type="checkbox"/> Dependent of Veteran | <input type="checkbox"/> Department of Veterans' Affairs |
| <input type="checkbox"/> Party with Written Authorization | |

Full Name of Veteran: _____

Veteran's Military Services Number: _____

Veteran's Date of Birth: _____ Number of Certified Copies requested: _____

Delivery info for mail requests (see * below):

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

I do hereby certify that, as said applicant designated above, I am legally entitled according to Public Act 93-0468 and 55ILCS 5/3-5015 to receive the requested copy.

Signature of Person Making this Application

Date

*** IF COPIES ARE REQUESTED BY MAIL, APPLICANT'S SIGNATURE MUST BE NOTARIZED**

State of _____
County of _____ ss

I, _____, a Notary Public in and for said county and state do hereby certify that

seal

personally known to me to be the same person(s) whose name(s) subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she/they signed and delivered the said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth.

Given under my had and official seal, this _____ day of _____, 20____

My commission expires: _____

Notary Public