

**MILITARY DISCHARGE (DD-214)
PUBLIC RECORD REQUEST FORM**



To: Coconino County Recorder's Office

Request is hereby made to reproduce the following public record(s):
The name(s) on the document:

Pursuant to ARS 39-121.03

You cannot use this record for a commercial purpose. Commercial Purpose is defined as: "the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or obtaining of names and addresses from such public record for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purposes in which the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of such public records".

I certify that all information provided is true and correct under penalty of perjury. I also agree that the public record(s) will not be transmitted or resold to any other person or entity without specific authorization from the Coconino County Recorder's Office. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use for which this request is made. I agree not to hold Coconino County liable for any inaccurate or incomplete information I may receive. (*See Disclaimer on page 2)

REQUIRED APPLICANT INFORMATION:
(Please see page 2 for further explanation of authorized applicants.)

Name: _____ Relationship to Claimant: _____

Address: _____ Photo ID#: _____

Phone Number: _____ Email Address: _____

Applicant's Signature

Date

State of Arizona, County of _____

This instrument was acknowledged before me this _____ day of _____, _____

By _____

Signature of Notary Public: _____

My Commission Expires: _____

If applicant is other than the claimant, other documentation will be required to release the document(s) requested.

-If you are a **personal representative** of the claimant, you must present a copy of the Appointment of Personal Representative court document.

-If you are the **guardian** of the claimant, you must present a copy of the Guardianship court papers.

-If you are an **attorney or immediate family member** of the claimant, you must have an original notarized affidavit from the claimant that states you are entitled to receive a copy of their military discharge that is recorded at the Coconino County Recorder's Office.

-If you are an **authorized official of the United States** requesting this document, you must present your government photo identification.

-If the **claimant is deceased**, you must present a certified copy of his/her death certificate.

The County Recorder's Office will make a copy of all documentation and attach it to the public record request form to keep on file.

DISCLAIMER – INDEMNIFICATION

Requestor understands and agrees that Coconino County does not guarantee the accuracy of the data and the information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information. Requester accepts responsibility for his/her unauthorized use or transmission of any such data or information in its actual or altered form.