

Name & Return Address

**Request for Access / Copy
of Exempt Discharge Papers**

Please print legibly or type information.

VETERAN		
_____	_____	_____
Last Name	First Name	MI
<p>In accordance with RCW 42.17.310, discharge papers of a veteran filed at the office of the county auditor prior to June 30, 2002, and commingled with other records may be released only to the veteran, the veteran's next of kin, a deceased veteran's properly appointed personal representative or executor, a person holding the veteran's general power of attorney, <u>or individuals designated identified with the County Auditor under the reference number(s) listed below.</u> Per RCW 42.17.310, next of kin is defined as widow or widower who has not remarried, son, daughter, father, mother, brother and sister.</p>		
DESIGNEE		
_____	_____	_____
Last Name	First Name	MI
<p>I declare under penalty of perjury under the laws of the United States of America that I am eligible under RCW 42.17.310 to access and / or copy discharge papers of the veteran named above.</p>		

Signature		

Relation to Veteran		

AUDITOR'S REFERENCE NUMBER(s)		

Accessed Discharge Paper(s)		

FORM: VET 4 (Recording Fee - 0.00)		