



DEPARTMENT OF VETERANS AFFAIRS

2 North Main Street Suite 502
Greensburg, PA 15601
Ph: 724-830-3530
Fax: 724-830-3010

In accordance with the Act of April 8, 1868 I

Hereby authorize _____ to receive a copy of military discharge from the
Name of Funeral Home/Individual

Westmoreland County Department of Veterans Affairs Office

Name of Veteran

My relationship to Veteran

Date of Birth of Veteran

Date of Death of Veteran

By signing you are certifying that you are the veteran to whom the record pertains, a member the named veterans' immediate family (surviving spouse who has not remarried, mother, father, son, daughter, sister, brother), , his/her agent or representative (supporting documentation required), an agent of the court pertaining document required for process of court, or county director of veterans affairs or representative of any state/federal department/agency procuring record as official requirement. 16 Pa.C.S.A § 9759.1 of the Crimes Codes, Parties making false claims are subject to prosecution under all applicable perjury, identity, fraud, and privacy laws 18 Pa. C.S.A § 4904.

Signature of Veteran, Member of Immediate Family, Personal Representative

Please remit to: Address:

Fax: