MILITARY DISCHARGE (DD-214)
PUBLIC RECORD REQUEST FORM

To: Maricopa County Recorder's Office

Request is hereby made to reproduce the following public record(s):
(Indicate the document number(s) and the name on the document. Attach an 8.5" x 11" sheet if necessary.)

_____

_____

_____

Pursuant to ARS 39-121.03, the record(s) are requested to be used for what purpose?

_____

You can not 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 the 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 Maricopa County Recorder's Office. I also certify that these records will only be used for the sole purpose indicated above. 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 Maricopa County liable for any inaccurate or incomplete information I may receive. (*See Disclaimer on reverse)

REQUIRED APPLICANT INFORMATION:
(Please see reverse side for further explanation of authorized applicants.)

Name:_____ **Photo ID #:**_____

Address:_____

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: _____

Revised 03/18/03

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 Maricopa 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 Maricopa 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.