

Recording Requested By  
And Return to:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## Military Discharge Document

Government Code Section 27337

I, the undersigned, hereby acknowledge that I am an authorized person as defined in Government Code Section 6107 (b) and am the selected party below:

- The person who is the subject of the military discharge document.
- A child, parent, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the military discharge record.
- A legal representative of the person who is the subject of the military discharge document.
- A county office that provides veterans' benefits.
- A United States official.

I hereby acknowledge that I am informed that by recording the attached military discharge document, all information referenced within it becomes part of the official record of this county, and that this information is open to inspection by any person.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date