

APPLICATION FOR COPY OF
VETERAN'S DISCHARGE
PAPERS

Veteran's Full Name: _____

D.O.B.: _____

Spouse's Name: _____

Veteran's Address: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone #: _____

Relationship to Veteran: _____

THIS IS A CONFIDENTIAL RECORD UNDER THE CONNECTICUT
STATE LAW.

PHOTO IDENTIFICATION AND VALID ACCESS ARE REQUIRED.

Vera A. Morrison, Town Clerk
Hamden Government Center
2750 Dixwell Avenue
Hamden, CT 06518

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