



Carly Koppes
Weld County Clerk & Recorder
1250 H Street
PO Box 459
Greeley, CO. 80632
Website: weldgov.com
Phone: (970) 304-6530

REQUEST FOR CERTIFIED COPY OF A MILITARY DISCHARGE

Is the Veteran Deceased? YES _____ NO _____

Veterans Full Name: _____

Full Name of Person Making Request: _____

Number of Copies Requested: _____

Your Relationship to Veteran:

_____ Self _____ Parent _____ Sibling _____ Child _____ Widow/Widower

_____ Other, Please Explain: _____

Name and Mailing Address:

Phone Number: _____

Under penalty of perjury, I declare that the foregoing information is true, to the best of my knowledge, information and belief.

Signature of Person Making Request:

Please submit this request along with a copy of your ID to:
Weld County Clerk and Recorder
Attn: Recording Department
PO BOX 459
Greeley, CO. 80632

Office Use Only:

Date Mailed

Clerk