



# KAREN A. STUKEL

## WILL COUNTY RECORDER

158 N. Scott Street \* Joliet, IL 60432  
815/740-4637 \* Fax 815/740-4638  
[www.willcountyrecorder.com](http://www.willcountyrecorder.com)

September 24, 2003

Memo to Our Customers:

Recent legislation now prohibits the Recorder's office from displaying DD214 information to the public.

PA 93-0468, SB715, and the Federal Privacy Act of 1974, state that Military Discharge forms (DD214) are not subject to public inspection.

The legislation is changed to read in part: "...These documents shall be accessible only to the person named in the document, named person's dependents, county veterans' service officer, representatives of the Department of Veterans' Affairs, or any person with written authorization from the named person or named person's dependents."

The Recorder's office will now require a picture ID from the requesting party or a letter of authorization before copies of DD214 will be made available.

Copies remain free of charge to Veterans and/or their representatives. The Recorder's office staff will be happy to answer questions concerning DD214 copies or how military discharges are indexed in our records.

The Recorder assures Veterans and their representatives that the records are secure and will be made available only to those persons so named in the legislation.



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## APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

Applicant: \_\_\_\_\_

Applicant's relationship to Veteran:

- |   |   |
|---|---|
| <input type="checkbox"/> Veteran                          | <input type="checkbox"/> County Veterans' Service Officer |
| <input type="checkbox"/> Dependent of Veteran             | <input type="checkbox"/> Department of Veterans' Affairs  |
| <input type="checkbox"/> Party with Written Authorization |   |

Full Name of Veteran: \_\_\_\_\_

Veteran's Military Services Number: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

Number of Certified Copies requested: \_\_\_\_\_

**Delivery info for mail requests (see \* below):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

***I do hereby certify that, as said applicant designated above, I am legally entitled according to Public Act 93-0468 and 55ILCS 5/3-5015 to receive the requested copy.***

\_\_\_\_\_  
Signature of Person Making this Application

\_\_\_\_\_  
Date

### \* IF COPIES ARE REQUESTED BY MAIL, APPLICANT'S SIGNATURE MUST BE NOTARIZED

State of \_\_\_\_\_

ss

I, \_\_\_\_\_, a Notary Public in and for said county and state do hereby certify that

County of \_\_\_\_\_

seal

\_\_\_\_\_  
*personally known to me to be the same person(s) whose name(s) subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she/they signed and delivered the said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth.*

Given under my had and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public