

REQUEST FOR MILITARY DISCHARGE

**Bureau of Veterans Services
117 State House Station
Augusta, ME 04333
Tel: (207) 626-4464 Fax: (207) 626-4471**

1. Veteran's Name: _____

2. Social Security Number: _____

3. Service/Serial Number: _____

4. Date of Birth: _____

Signature of veteran

Signature of person requesting discharge, if other than veteran, must have POA or Guardianship if veteran is living. May be signed by next of kin (or POA of next of kin) if veteran is deceased. Please attach copy of POA/Guardianship if applicable.

Signature: _____

Relationship to veteran: _____

If veteran is deceased, date of death: _____

Please fill in the appropriate area for sending discharge information.

Address where discharge is to be mailed:

or fax: _____ Phone number: _____