



## Jones County Superior Court

*Pamela D. Dixon, Clerk*

110 S. Jefferson St. | PO Box 39 | Gray, GA 31032 | (478) 986-6671

### REQUEST FOR MILITARY DISCHARGE RECORD AND AFFIDAVIT OF REQUESTING PARTY

STATE OF GEORGIA  
COUNTY OF JONES

Request for the record of:

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Number and type of copies requested:  certified copies \_\_\_\_\_  un-certified copies \_\_\_\_\_

I, \_\_\_\_\_ do swear or affirm the following:

(print name)

(check one of the following options)

- I am the person who is the subject of the record requested.
- I am the spouse or next of kin of the person who is the subject of the record.
- I am the power of attorney for the subject of the record requested (attach copy).
- I am the administrator, executor, guardian, or legal representative of the subject (attach letters).
- I am an attorney for any above the above person(s).

**By checking below, I agree that I have read and understand O.C.G.A. 15-6-72, provided on the reverse side of this affidavit, as it pertains to military discharge records.**

I have read and understand O.C.G.A 15-6-72.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Sworn and subscribed before me.

\_\_\_\_\_  
Requester's Name Printed

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Requester's Signature

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