



Military Discharge (DD-214) - Public Record Request

County of Wagoner

County Clerk

307 E. Cherokee, Wagoner, OK 74467

Phone: 918-485-2216 Fax: 918-485-7709

TO: Wagoner County Clerk's Office

Request is hereby made to reproduce the following public records:

(Indicate the name on the document, estimated date of document, branch of service, document numbers and book and page where recorded if known.)

Pursuant to 19 O.S. § 270

A. The county clerk shall keep any Department of Defense Form 214 (DD Form 214) filed with the clerk, including any DD Form 214 that was filed before the effective date of this act, separate from records available for public inspection and shall not make the DD Form 214 available to any person except as provided in this section. A record of the names of veterans who have filed DD Forms 214 with the clerk shall be made available for public inspection.

B. The county clerk may authorize the viewing or copying of a veteran's DD Form 214 only by the veteran, the veteran's spouse or child, a guardian for or a person having power of attorney for the veteran, spouse, or child upon presentation of a court order showing the appointment, the executor or administrator of the estate of the veteran or spouse upon presentation of a court order showing the appointment, a representative of the United States Department of Veterans Affairs, a funeral director upon presentation of a contract signed by the person responsible for the funeral costs for the veteran, or a person authorized by the court to view or copy the DD Form 214 upon presentation of the court order. The clerk shall record the names and addresses of all persons viewing or copying a DD Form 214.

C. A county clerk shall not be liable or responsible for any harm or damages that may occur as a result of any person obtaining, copying or viewing a DD Form 214.



Military Discharge (DD-214) - Public Record Request

County of Wagoner
County Clerk
307 E. Cherokee, Wagoner, OK 74467
Phone: 918-485-2216 Fax: 918-485-7709

REQUIRED APPLICANT INFORMATION

Name: _____ (Attach copy of Photo ID)

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Authorized to view or receive copy of this DD214 by being:

- the veteran
- the veteran's spouse or child
- other person as authorized - attach documentation as required in paragraph B

Applicant's Signature

Date

Mail Completed Request and Self-Addressed Stamped Envelope to:

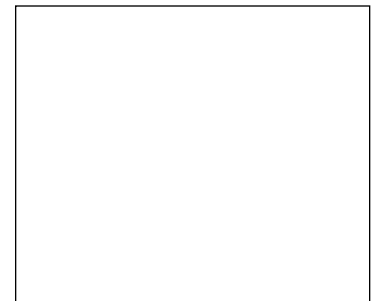
Wagoner County Clerk
P.O. Box 156
Wagoner, OK 74477

State of Oklahoma, County of Wagoner, ss:

This instrument was acknowledged before me this _____ day of _____, 20____

Notary Public

My commission expires _____



Seal