



**AFFIDAVIT OF IDENTIFICATION
VETERAN'S DISCHARGE PAPERS**

I, _____ do solemnly swear that I am the
PRINT NAME

_____ (veteran, his/her mother, father, husband
PRINT RELATIONSHIP

wife, brother, sister, child, heir or personal representative) of

_____, and that I am requesting a
NAME OF VETERAN

copy/certified copy of the DD 214 Veteran's Discharge, as per N.J.S.A. 38:25.6,
recorded in the Office of the Monmouth County Clerk.

Signature of Requestor

Sworn and subscribed to before

me this _____ day of

_____, 20__.

**Please return this form to: Monmouth County Clerk, 33 Mechanic Street, Freehold,
NJ 07728**