

**Tyler County Clerk  
Neil A Archer, II**

P. O. BOX 66  
MIDDLEBOURNE, WV 26149  
304-758-2102 ext 3 (Phone); 304-758-2126 (Fax)

***REQUEST FOR DD214***

**RECORD OF VIEWING OF MILITARY SEPARATION, DISCHARGE**

**West Virginia Code Section 7-1-3ll prohibits inspection or copying of Military Separation/Discharge records unless you are one of the following:**

- \_\_\_\_\_ The Person of Record
- \_\_\_\_\_ Person of record's duly *qualified conservator or guardian*
- \_\_\_\_\_ The duly *qualified executor or administrator* of the estate of the person of record, if deceased, or in the event no executor or administrator has qualified, the *next of kin of the deceased*
- \_\_\_\_\_ An *attorney, attorney-in-fact or other agent or representative* of any of the persons described above, acting pursuant to a written power of attorney or other written authorization
- \_\_\_\_\_ A duly *authorized representative of an agency or instrumentality of federal, state or local government* seeking the record in the ordinary course of performing its official duties
- \_\_\_\_\_ A person doing *bona fide genealogical or other research* which involves the Military Separation/Discharge Records of a deceased individual
- \_\_\_\_\_ *Time is of the essence* to my obtaining the Military Separation/Discharge records for the following reasons: *Attendant to the making of funeral arrangements, medical care, etc.* \_\_\_\_\_

STATE OF WEST VIRGINIA;  
COUNTY OF TYLER, TO WIT:

I hereby swear or affirm that I qualify to inspect and/or copy the Military Separation/Discharge records of \_\_\_\_\_ for the purpose indicated on the above form where I have placed my initials.

\_\_\_\_\_  
Signature of Affiant

**Tyler County Clerk's Office**  
**Request for Military Discharge**

For \_\_\_\_\_

Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_

Dates of Service \_\_\_\_\_ to \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Requested by \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Person requesting record is: (Check One)

Person of Record

Attorney or Atty-in-fact

Conservator or Guardian

Agent of Local, State or Federal Gov.

Administrator or Executor

Other \_\_\_\_\_

**Approved**

**Photo ID**

**Not Approved**