

Town of New Hartford

Office of the Town Clerk

530 Main Street -Town Hall

P. O. Box 426

New Hartford, CT 06057

(860) 379-5037



Request for copy of Armed Forces Discharge

Veteran's Full Name _____

Veteran's Date of Birth _____

I certify that the person named in this discharge request is:

_____ myself _____ my spouse _____ my child

_____ my grandchild _____ my parent _____ my grandparent

_____ a person whom I legally represent

OR

_____ I am a representative of a funeral home providing funeral services for the above named veteran

Your Name (please print) _____

Your address _____

Signature _____ Date: _____

Identification provided:

_____ Photo ID – Driver's License # _____ Photo ID – other (specify)

OR two (2) of the following:

_____ social security card _____ Written verification from employer

_____ automobile registration _____ bank deposit slip w/ name & address

_____ Utility bill showing name and address _____ other (specify)

How many copies? _____ certified _____ uncertified