



**CERTIFICATION OF VALIDITY FOR MILITARY SEPARATION RECORDS
AND/OR OTHER VETERANS RECORDS**

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Veteran's Name:

Last

First

Middle

Date of Birth:

Social Security Number
or Service Number:

Period of Service:

From

Month

Year

To

Month

Year

I hereby certify that the Discharge Document presented by me is true and exact as issued to me by the Department of Defense.

I hereby authorize and request the Wisconsin Department of Veterans Affairs to record this Discharge Document.

Veteran's Signature

Date