IN THE SUPERIOR COURT OF CARROLL COUNTY

STATE OF GEORGIA

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, to hereby make my request for a copy of DD214 – military service records, recorded in the office of Clerk of Superior Court of Carroll County, Georgia, filed within 50 years prior to this request for the following individual.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Discharge (approx) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This request is being made in compliance with OCGA 16-6-72 (2) A B C D E.

I hereby certify to the Clerk of Carroll County Superior Court, Carrollton, Georgia that I am:

\_\_\_\_\_\_\_The person who is the subject of the record

\_\_\_\_\_\_\_The spouse or next of kin of the person who is the subject of the record

\_\_\_\_\_\_\_A person named in an appropriate power of attorney executed by the person who is the

 subject of the record

\_\_\_\_\_\_\_The administrator, executor, guardian or legal representative of the person who is the

 subject of the record

\_\_\_\_\_\_\_An attorney for any person specified in subparagraphs A through D of this paragraph

I understand the following, as provided in OCGA 15-6-72 of the Official Code of Georgia Annotated:

* Records I obtain pursuant to this request shall not be reproduced or used in whole or in part for any commercial or speculative purposes.
* I am prohibited by law from disseminating or disclosing military discharge information or any part thereof except as authorized by OCGA 15-6-72 or as otherwise provided by law.
* Violation of this subsection shall constitute a misdemeanor and shall be punished by a fine not to exceed $5000.00.
* The Clerk of the Superior Court shall not be liable and shall be held harmless should I copy, reproduce or use records I view or receive copies of in violation of OCGA 15-6-72.

This \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

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Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary

(Seal)

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Driver’s License Number