Yavapai County Recorder
1015 Fair St., Rm. 228, Prescott AZ 86305
928-771-3244

MILITARY DISCHARGE (DD-214)
PUBLIC RECORD REQUEST FORM

To: Yavapai County Recorder's Office

Request is hereby made to reproduce the following public record(s):
(Indicate the name of the document (and documents numbers, if available). Attach an 8.5" x 11" sheet if necessary

_____

_____

_____

Pursuant to ARS § 39-121.03, the record(s) are requested to be used for what purpose?

_____

You cannot use this record for a commercial purpose: Commercial Purpose is defined as:
"the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or obtaining of names and addresses from such public record for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records".

I certify that all information provided is true and correct under penalty of perjury. I also agree that the public record(s) will not be transmitted or resold to any other person or entity without specific authorization from the Yavapai County Recorder's Office. I also certify that the records will only be used for the sole purpose indicated above. I agree to delete all data acquired via this request from my databases and all other electronic media forms upon completion of the purpose or use for which this request is made. I agree not to hold Yavapai County liable for any inaccurate or incomplete information I may receive.

REQUIRED APPLICANT INFORMATION

Name: _____ Relationship to Claimant: _____

Address: _____ Phone #: _____

Email Address: _____

_____ _____
Applicant Signature Date

MUST INCLUDE COPY OF VALID PHOTO ID AND ANY OTHER PERTINENT DOCUMENTATION (e.g. DEATH CERTICATE)

State of _____, County of _____

This instrument was acknowledged before me this _____ day of _____

By_____

Signature of Notary Public: _____

My Commission Expires: _____