

Town of Southington

**Military Discharge
Certified Copy Request Form**

(Please Print)

Veteran's Name _____

Veteran's Address _____

Applicant's Name _____

Address _____

Phone Number _____ Relationship to Veteran _____

Number of Copies Requested _____

Applicant's Signature _____ Date _____

MAIL IN REQUEST: Please attach a copy of a Photo ID.

There is no fee for this service.

MAIL TO: Town Clerk
 P. O. Box 152
 Southington, CT 06489

Please include a stamped, self-addressed envelope.