



**DEPARTMENT OF VETERANS AFFAIRS**

2 North Main Street  
Suite 205  
Greensburg, PA 15601  
Ph: (724) 830-3530  
Fax: (724) 830-3010

Date of request: \_\_\_\_\_

In accordance with the Act of April 8, 1868, I hereby authorize \_\_\_\_\_  
(Individual / Funeral Home) to receive a copy of the requested discharge from the Westmoreland  
County Department of Veterans Affairs Office.

Name of Veteran: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

Veteran's Date of Death: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

By signing you are certifying that you are the veteran to whom the record pertains, a member of the named  
veteran's immediate family (surviving spouse who has not remarried, mother, father, son, daughter, son,  
daughter, sister, brother), his/her agent or representative (supporting documentation required), an agent of the  
court pertaining document required for process of court, or county director of veterans affairs or representative of  
any state/federal department/agency procuring record as official requirement. 16 Pa. C.S.A § 9759.1 of the Crimes  
Codes, Parties making false claims are subject to prosecution under all applicable perjury, identity, fraud, and  
privacy laws 18 Pa. C.S.A. § 4904.

\_\_\_\_\_  
Signature of Veteran, Member of Immediate Family, Personal Representative

Please remit to: Address:

Fax: