

**FAYETTE COUNTY GEORGIA**  
**Affidavit to View or Copy Military Discharge Records**

(A)

Name:	
Address:	
City:	
Zip Code:	
Driver's License or SSN:	

(B)

*Identifying Information of Person Whose Military  
Discharge Records are on File in Clerk's Office*

Name:	
Date of Birth:	
Driver's License or SSN:	
Date of Discharge from Service:	

I, the party named in Section (A) above, do hereby certify to the Clerk of the Superior Court of Fayette County, Fayetteville, Georgia, that I am (check appropriate box):

- 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: or
- An attorney for any person specified in subparagraphs (A) through (D) of this paragraph

I understand the following, as provided in the O.C.G.A. § 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 in O.C.G.A. § 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 \$5,000.00.
- 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 O.C.G.A. § 15-6-72.

Under the penalty of law, I, the person named in Section (A) above, certify that the above and foregoing information is true and correct.

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Signature of Person Making Request