



REQUEST FOR RELEASE OF PRIVATE DATA

This authorization gives express authority to the Ramsey County Recorder's Office to release a copy of the DD214, or other private data held by the department of the veteran identified in this release.

Provisions of State Data Practices Act under Minnesota Statute

- A. Information collected through use of this release may be used and disseminated only to individuals or agencies specifically authorized access to that data by state, local or federal law subsequent to the collection of that data.
- B. You may refuse to sign this release of information, but such refusal will result in a denial of your request for record.
- C. This release of information is valid for this request only.

Veteran's Identifying Information (Please print clearly or type)

Note: If the veteran's name has changed since the requested separation document was issued, provide evidence of the name change, such as a marriage certificate, divorce decree, court ordered name change, adoption record, etc.

Veteran's Name: Last, First, Middle _____

Veteran's Social Security Number and Service Number _____

Date of Birth _____

Date of Death _____

Date of Entry _____

Date of Separation _____

Veteran's address at time of entry: Street or PO Box, City, State, Zip Code _____

Data of Person Requesting Information (Please print clearly or type)

Name _____

Mailing Address _____

Daytime telephone, including area code: _____ Requestor's fax number: _____

Relationship to veteran in the case of a deceased veteran _____ (surviving spouse, child, parent)

(Please see the back of this form for evidence required)

I have read and understand the Provisions of the State Data Practices Act as stated above and hereby authorize the Minnesota Department of Veterans Affairs to release the requested information. I further state that all information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Requestor _____

Date _____

Signature must be notarized if applying by mail or fax

Subscribed and sworn before me this _____ day of _____, 20____

_____. My commission expires: _____ (SEAL)

Notary Public



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RETURN THIS FORM TO:
Ramsey County Recorder
PO BOX 64099
St. Paul, MN 55164-0099

NOTE: Information and assistance is available from your County Veterans Service Officer.

If your DD214 is not available, we will send you a form SF180 which you can use to request a copy of your DD214 from the National Personnel Records Center in St. Louis, MO. It may take quite some time to receive your DD214.

Individuals appearing in person to request private data must provide acceptable verification of their identity, such as a valid driver's license, valid *state issued* identification card or original social security card.

If the veteran identified on the reverse side of this form is deceased, the Ramey County Recorder may release records to the persons specifically listed below, in the order listed. Records will not be released to any person not specifically listed below.

1. The deceased veteran's surviving spouse
2. If the deceased veteran's spouse is also deceased, to the veteran's surviving children
3. If the deceased veteran has no surviving children, to the deceased veteran's parents

EVIDENCE REQUIRED

1. The **surviving spouse** must provide a copy of the deceased veteran's death certificate and must also provide a copy of a marriage certificate between the deceased veteran and the surviving spouse.
2. **Children** of a deceased veteran must also provide a copy of the deceased veteran's death certificate, and
 - A. a copy of the deceased veteran's spouse's death certificate or divorce decree between the deceased veteran and his former spouse, and;
 - B. a copy of the requester's birth certificate naming the deceased veteran as a parent.
3. **Parents** of deceased veterans must provide a copy of the deceased veteran's death certificate, a copy of the deceased veteran's birth certificate naming them as a parent and a signed statement attesting that the veteran has no surviving spouse and no surviving children.

Date _____ Information Furnished by _____

Identification provided: _____

Information provided to: Veteran Requester

Information not furnished because: _____