



**Theresa Bosel**  
**Columbiana County Recorder**

105 South Market Street Lisbon, OH 44432

Phone: 330-424-9517 Fax: 330-424-5067

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## Military Discharge Request Form

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Name of Requester: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Branch of Military Service: \_\_\_\_\_

Date(s) of Discharge: \_\_\_\_\_

Description of Discharge Document/DD-214: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

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Please Note: Documents recorded in the recorder's office generally are considered to be public records. Other persons have access to the information contained in the recorded documents. Ohio revised code prohibits county recorders from forbidding access to unaltered original documents.

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### Office Use Only

Deputy Recorder Name: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_