

Recorder of Deeds  
PO Box 543  
Belleville IL 62222



Office Hours  
Monday - Friday  
8:30 A.M. – 5:00 P.M.

Email: [recorder@co.st-clair.il.us](mailto:recorder@co.st-clair.il.us)

Phone: 618-277-6600

**Michael T. Costello**  
**St Clair County Recorder of Deeds**

## **Request for recorded copies of military discharge documents**

Please note that per Public Act 093-0468 you must belong to one of the following categories in order to receive a copy of a military discharge record.

### **Please check the appropriate category:**

\_\_\_ I am the person named in the document

\_\_\_ I am a dependent of the person named in the document

\_\_\_ I am a St Clair County Veteran's Service Officer

\_\_\_ I am a representative of the Dept of Veteran's Affairs Office

\_\_\_ I have written authorization from the person named in the document or their dependent  
**written authorization form below must accompany this form**

### **Please Print**

I am requesting \_\_\_\_\_ certified copies of recorded military discharge documents for:  
#

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MI

### **Request made by:**

Name: \_\_\_\_\_

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

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

Phone / email : \_\_\_\_\_

Signature: \_\_\_\_\_

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## **Request for recorded copies of military discharge documents**

### **WRITTEN AUTHORIZAION FORM**

**Please Print**

**I am the person named in the document or their dependant.**

Name of dependent: \_\_\_\_\_  
If you are the person named in the document leave this blank

**I am requesting \_\_\_\_\_ copies of recorded military discharge documents for:**  
#

\_\_\_\_\_  
LAST FIRST MI

**I am hereby authorizing:**

\_\_\_\_\_  
LAST FIRST MI

**to obtain full copies of the documents in my place.**

\_\_\_\_\_  
Signature Date