



CRAIG BROWN
COLUMBIANA COUNTY RECORDER

Courthouse • 105 South Market • Lisbon, Ohio 44432 • Phone: 330-424-9517 ext. 640 • Fax: 330-424-5067

Military Discharge Request Form

Name of Requester: _____

Relationship to Veteran: _____

Address: _____

City: _____ State _____ Zip Code: _____ Phone: () _____

Veteran Full Name: _____

Branch of Military Service: _____

Date(s) of Discharge: _____

Description of Discharge Document/DD-214: _____

Book: _____ Page: _____

Book: _____ Page: _____

Book: _____ Page: _____

Book: _____ Page: _____

Are you requesting a certified copy? _____

Signature of Requester: _____ Date: _____

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

Office Use Only

Deputy Recorder Name: _____

Date Request Received: _____ Date Completed: _____