

LAKE COUNTY CLERK'S OFFICE
RECORDING DIVISION
18 N COUNTY ST - 6TH FLOOR
WAUKEGAN, IL 60085-4358
(847) 377-2575
FAX (847) 984-5860



Office Hours:
Monday – Friday
8:30AM to 5:00PM

REQUEST FOR MILITARY SERVICE DISCHARGE RECORD

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

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 Lake County's veteran's service officer
- I am a representative of the Department of Veteran's affairs
- I am presenting written authorization, containing a notarized signature, from the person named in the document or from his/her dependent

I am requesting _____ copies of military service discharge records for _____

Veteran's Date of Birth: _____

Requests must include a copy of a valid photo identification card

Request made by:

Name (*PRINT*) _____

Signature _____

Address _____

City, State Zip _____

Phone Number _____