

Agent Authorization for Military Discharge

I, _____, authorize _____
to act as agent, for the purpose of recording or obtaining a certified copy of a Military Discharge (DD214)
for _____ (Veteran's name). I authorize the Forsyth County Register
of Deeds Office to release this document at my request. This is pursuant to NCGS 47-113.2(b).

*Signature of entitled person

Date

Notary Acknowledgment

State of _____, County of _____

I, _____, a Notary Public do certify that _____

_____ personally appeared before me this day and acknowledged
the due execution of the foregoing instrument. Witness my hand and notary seal the _____ day of
_____, 20_____.

Notary Public

Seal Stamp

My commission expires _____

*Veteran, Widow, Court Representative, or Executor