

**Amanda Barnes**

County Clerk & Recorder of Williamson County  
407 N. Monroe St, Suite 119  
Marion, IL 62959

**Phone** 618-998-2110 ext. 1 **Fax** 618-993-2071 **Email** abarnes@williamsoncountyil.gov

**Application for a Certificate of Release  
or Discharge from Active Duty (DD 214)**

**Copy of Photo ID required**

**Soldier or Sailor's Information:**

Name \_\_\_\_\_

Branch of Military \_\_\_\_\_

Date of Discharge \_\_\_\_\_

**Applicant's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Relationship to Soldier or Sailor \_\_\_\_\_

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Please mail, fax or email this application and your photo id.