



**TOWN CLERK/TAX COLLECTOR &
REGISTRAR OF VITAL STATISTICS OFFICES
TOWN OF NORTH HAVEN
18 CHURCH STREET, MEMORIAL TOWN HALL
NORTH HAVEN, CT 06473**

**Military Discharge
Certified Copy Request Form**

(Please Print)

Veteran's Name _____

Veteran's Address _____

Applicant's Name _____

Address _____

Phone Number _____ Relationship to Veteran _____

Number of Copies Requested _____

Applicant's Signature _____ Date _____

MAIL IN REQUEST: Please attach a copy of a Photo ID.

PLEASE NOTE: The veteran who is the subject of the military documentation will not be charged for certified copy of the same. Please be sure to include a stamped, self-addressed return envelope with your application, for your certified copy to be sent to you directly.

203.239.5321 x 765 (TAX COLLECTOR'S OFFICE)
203.239.5321 x 541 (TOWN CLERK'S OFFICE)
203.985.8252 (FACSIMILE FOR BOTH OFFICES)
jsyarbrough@town.north-haven.ct.us (E-MAIL)

THANK YOU,
J. STACEY YARBROUGH
TAX COLLECTOR, TOWN CLERK & REGISTRAR OF VITAL STATISTICS