

REQUEST FOR CERTIFICATION OF VETERAN'S STATUS

K.S.A. 2015 Supp. 21-6630

Pursuant to K.S.A. 2015 Supp. 21-6630, the court requests certification from the Kansas Commission on Veterans Affairs Office regarding the combat zone service:

Full Name
(including maiden name): _____

Social Security Number: _____

Judge of the District Court

Court Contact Information:

Address 1: _____

Address 2: _____

City, State, Zip: _____

Telephone: _____

[Fax Number]: _____

[E-mail Address]: _____

Fax order and release of information to:
Kansas Commission on Veterans Affairs Office
Attn: Wayne Bollig
785-296-1458 (fax)
wbollig@kcva.ks.gov (email)