

FREE OF CHARGE – THANKS FOR YOUR SERVICE!

APPLICATION FOR COPY OF MILITARY DISCHARGE RECORD

Number of regular copies requested _____ Number of certified copies requested _____

PLEASE PRINT

VETERAN'S INFORMATION

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Discharge	Month	Day	Year
4. Date of Birth	Month	Day	Year

5 Applicant's name _____

6 Applicant's address _____

7 On request and the presentation of proper identification, the following persons may inspect or obtain a copy of the military discharge record: (Please check the one that applies to you)

- I am the veteran.
- I am the legal guardian of the veteran. (Must have certified documentation)
- I am the spouse, child or parent of the veteran.
- There is no living spouse, child or parent of the veteran and I am the nearest living relative of the veteran.
- I am the personal representative of the estate of the veteran. (Must have certified documentation)
- I am the person named by the veteran, legal guardian of the veteran, spouse, child or parent of the veteran in an appropriate power of attorney executed in accordance with Section 490, Chapter XII, Texas Probate Code. (Must have certified documentation)
- I am an employee of another governmental body. (Must have employee I.D.)

Identifying information used for person named in item #5: _____

Supporting documentation used: _____

Applicants Signature _____

Date of Application _____

OFFICE USE ONLY	
Document number _____	
Date Issued _____	Deputy _____