Request For Copy Of MILITARY DISCHARGE FORM COUNTY

	First Name		Middle Name	Last Name
FULL NAME OF PERSON ON RECORD			-····	
DATE OF DISCHARGE	Month	Day	Year	3. GENDER
DATE OF BIRTH	Month	Day	Year	CITY/COUNTY/STAT
SOCIAL SECURITY NUMBER (if known)				
. Requestor's Name:				
. Telephone #:()			(Mon-Fri 8:00	a.m5:00 p.m.)
. Mailing Address:			·	
	Address	City		Zip
. Relationship to person	named in item	1:	4	<u>.</u>
. Relationship to person	named in item	1:	4	<u>.</u>
. Relationship to person 0. Purpose for obtaining	named in item	1:	4	<u> </u>
Relationship to personPurpose for obtainingIdentifying information	named in item this record: on for discharg	e record: ID	#:	
 Relationship to person Purpose for obtaining Identifying information 	named in item this record: on for discharg to some other	e record: ID	#:se complete:	
 Relationship to person Purpose for obtaining Identifying information If copy is to be mailed 	named in item this record: on for discharg to some other	e record: ID person, pleas _ Street Add	#:se complete: ress	
 Relationship to person Purpose for obtaining Identifying information If copy is to be mailed Name 	named in item this record: on for discharg to some other	e record: ID person, pleas _ Street Add	#:se complete: ress	

OFFICE USE ONLY Vol./Page _____ Certificate # _____ Date Issued _____ By ____

DD-214 NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE OF BIRTH AS INFORMATION APPEARS ON DD-214					
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH				
PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AI	ND THE TYPE OF ID USED.				
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED				
AFFIDAVIT OF PER	RSONAL KNOWLEDGE				

STATE OF			
COUNTY OF			
lefore me on this day appeared	~	()	
now residing at		lame)	
(Address)			
ho is related to the person named on Part I as ,	(Relation	achie)	and who on oath deposes and
ays that the contents of this affidavit signed by me and tha			
-,, -, -, -, -, -, -, -, -, -, -, -, -,			
	App	olicant Signature	
Sworn to and subscribed before me, this	day of		.
12			
·	1	Signature of Not	ary Public
		Commissi	on Expires
(Personalized S	eal)	Commissi	on Expires
(Personalized S	ieal)		
(Personalized S	ieal)	Commission Typed or Pr	
(Personalized S	ieal)	Typed or Pr	inted Name
(Personalized S	ieal)		inted Name
(Personalized S	ieal)	Typed or Pr	inted Name

WARNING: Falsification by making a false entry on this application and affidavit is a Class A Misdemeanor with punishment including a substantial fine and jail time. Falsification with the intent to defraud or harm another person is punishable up to and including a State Jail Felony. Texas Penal Code §37.10. Falsification could also include prosecution under Federal Law.

(APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED)