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The record is confidential for 75 years.**

Proper Identification is required.

**REQUEST FOR COPY OF
MILITARY SEPARATION PAPERS (DD-214)
ANDERSON COUNTY**

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VETERAN'S INFORMATION

Full Name Last	First	Middle	Date of Discharge
Date of Birth	Place of Birth	Gender	Date of Death
Dates of Service	Branch of Service		

Requestor's Name _____

Daytime Telephone # _____

Mailing Address _____

Relationship to Veteran	Purpose of this record
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If this record is to be mailed to some other person, please provide:

Name: _____

Address: _____

Signature

Date

Office Use Only

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Date Issued _____	Clerk _____