

APPLICATION FOR COPY OF
MILITARY DISCHARGE RECORD
Recorded on or after September 1, 2003

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

PLEASE PRINT

VETERAN'S INFORMATION

1. Full Name of Person on Record	<i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____
2. Date of Discharge	<i>mm/dd/yyyy</i> _____
3. Date of Birth	<i>mm/dd/yyyy</i> _____

4. Applicant's Name _____

5. Applicant's Address _____

6. 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 closest 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 #4: _____

Supporting documentation used: _____

Applicant's Signature

Date of Application

OFFICE USE ONLY	
Document Number _____	
Date Issued: _____	Deputy: _____