



REQUEST FOR COPY OF MILITARY DISCHARGE FORM

VETERAN'S INFORMATION

PLEASE PRINT

Copies Requested _____

A. FULL NAME OF PERSON ON RECORD:

First Name: _____ Middle Name: _____ Last Name: _____

B. DATE OF DISCHARGE:

Month: _____ Day: _____ Year: _____

C. DATE OF BIRTH:

Month: _____ Day: _____ Year: _____

D. SOCIAL SECURITY NUMBER (last four if known): _____

1. Requestor's Name: _____

2. Telephone Number: _____

3. Mailing Address:

Street: _____ City: _____ State: _____ Zip Code: _____

4. Relationship to Veteran on item A: _____

5. Purpose for obtaining this record: _____

6. Identifying information for discharge record: ID# _____

7. If copy is to be mailed to some other person, please complete:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Your Signature

Date of Application

"Your service to our country is deeply appreciated"

Submit to:
Falls County Clerk
P.O. Box 458
Marlin, TX 76661
254-883-1408