REQUEST FOR COPY OF MILITARY DISCHARGE FORM

| | | CO | UNTY | | |
|--------------------------------------|------------------|----------------------|----------|------------------|----------|
| Number of copies reques | ted | | | | |
| | Γ | PLEASE PRINT | | | |
| VETERAN'S INFORM | IATION | | | | |
| Full Name of Person on Record | First Name | Middle Nan | | Last Name | |
| 2. Date of Discharge | Month | Day | Year | 3. Gender | |
| 4. Date of Birth | Month | Day | Year | City/County/Stat | te |
| 5. Social Security Number (if known) | | | | | |
| 6. Requestor's name | | | | | |
| 7. Telephone #: _(| | | | (MON-FRI 8:00A.M | i5:00P.M |
| 8. Mailing Address:ST | TREET ADDRESS | S | CITY | STATE | ZIP |
| 9. Relationship to person | named in item | 1: | | | |
| 9. Purpose for obtaining | this record: | | | | |
| 10. Identifying information | on for discharge | record: ID#: | | | |
| 11. If copy is to be mailed | i to some other | person, please compl | lete: | | |
| Name | | Street Address | | | |
| City | | State | Zip Code | | |
| Your Signature | | | Date | e of Application | |
| Vol./Page | | OFFICE USE ONLY | Certifi | icate # | |
| | | | | | |
| Date Issued | | | ву | | |