REQUEST FOR COPY OF
MILITARY DISCHARGE FORM

SOMERVELL COUNTY

Note: Military records are confidential and can be released only to a qualified applicant.

Number of copies requested: ___

Veteran's Name: _____
First Middle Last

Gender (circle one): M F Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/County/State

Date of Discharge: _____

Requestor's name: _____

Mailing address: _____
Number and Street City State ZIP

Telephone No (Mon-Fri 8 a.m. to 5 p.m. Central Time): _____

Relationship to Veteran: _____ Purpose for obtaining this record: _____
_____

If this copy is to be mailed to another individual, please complete:

Name: _____ Street Address: _____
City: _____ State: _____ ZIP: _____

_____ _____
Requestor's Signature Date of Application

Office Use Only
Vol/Page or Instrument No: _____ Date Issued: _____

By: _____