

REQUEST FOR COPY OF MILITARY DISCHARGE FORM

JACKSON COUNTY, EDNA TEXAS

Vol./Page _____ Date Issued _____ # Of Copies _____ Clerk _____

PLEASE PRINT

VETERAN'S INFORMATION

Name: _____

First

Middle

Last

Suffix (Jr., Sr., etc)

Date of Birth: _____ Place of Birth: _____ Branch of Service: _____

Date of Discharge: _____ SS # _____ Male/Female

PERSON REQUESTING RECORD

Name: _____ Phone: _____

Mailing Address: _____

Relationship to Person on Record: _____

Purpose for Obtaining Record: _____

Signature

Date

IF YOU ARE REQUESTING BY MAIL PLEASE SIGN IN FRONT OF A NOTARY AND ATTACH A COPY OF YOUR DRIVERS LICENSE

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____

now residing at _____ who is related to the person named on the Veteran's Information and who on oath deposes and say that the contents of this affidavit are true and correct.

Signature

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Seal

Notary Signature