

REQUEST FOR COPY OF
MILITARY DISCHARGE FORM

STEPHENS COUNTY

COUNTY CLERK

Number of copies requested _____

VETERAN'S INFORMATION

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Discharge	Month	Day	Year	Branch
4. Date of Birth	Month	Day	Year	City/County/State

5. Requestor's Name: _____

6. Telephone #: (_____) _____ (MON-FRI 8:00 A.M. - 5:00 P.M.)

7. Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

8. Relationship to person named in item 1: _____

9. Purpose for obtaining this record: _____

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

Name _____

Street Address _____

City/State/Zip _____

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(Applicant name)
now residing at _____
(Address) (City) (State)
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this
(Relationship)
affidavit are true and correct.
The applicant presented the following type and number of identification: _____
Applicant Signature _____
(Seal) Sworn to and subscribed before me, this ____ day of ____, 20____.
Signature of Notary Public and Notary ID Number _____
Typed or Printed Name: _____
Commission Expires: _____
Street Address: _____
City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO: