

Application for Certified Copy of Military Discharge Form DD-214

Number of Certified Copies Being Requested _____

VETERAN'S INFORMATION PER THE DD214 RECORD

First Name

Middle Name

Last Name

Date of Discharge _____

Date of Birth _____

Dates of Service _____

Branch of Service _____

Full Name of Applicant

First Name

Middle Name

Last Name

Applicant Phone Number

Applicant Mailing Address

Relationship to Veteran

Purpose for Obtaining this Record

The record is confidential for the 75 years following the date it is recorded with or otherwise first comes into the possession of a governmental body. During that period the governmental body may permit inspection or copying of the record or disclose information contained in the record only in accordance with this section or in accordance with a court order. On request and the presentation of proper identification, the following persons may inspect the military discharge record or obtain from the governmental body free of charge a copy or certified copy of the record: (1) the veteran who is the subject of the record; (2) the legal guardian of the veteran; (3) the spouse or a child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran; (4) the personal representative of the estate of the veteran; (5) the person named by the veteran, or by a person described by Subdivision (2), (3), or (4), in an appropriate power of attorney executed in accordance with Subchapters A and B, Chapter 752, Estates Code; (6) another governmental body; or (7) an authorized representative of the funeral home that assists with the burial of the veteran.

Signature of Applicant

Date