

APPLICATION FOR COPY OF MILITARY SERVICE
DISCHARGE RECORD

1. Name on Record _____
2. Social Security Number _____ - _____ - _____
3. Date of Discharge _____
4. Applicant's Name _____
5. Mailing Address _____
6. Telephone Number _____
7. Relationship _____
8. Purpose for obtaining this record _____

Signature _____ Date _____

Identification Type _____

Attach Photocopy