

PLEASE INCLUDE A COPY OF YOUR I.D.



Application for Copy of Military Discharge
Leon County Clerk

Please Print (*Imprima por favor*)

Your Name (Su Nombre Completo)	
Mailing Address (Domicilio)	
City (Ciudad)	State (Estado) Zip Code (Zona postal)
State your relationship to person named on certificate (Relacion con la persona nombrada en el certificado)	
<input type="checkbox"/> I am the veteran. <input type="checkbox"/> I am the legal guardian of the veteran. (Must have certified documentation.) <input type="checkbox"/> I am the spouse, child, or parent of the veteran. <input type="checkbox"/> There is no living spouse, child or parent and I am the nearest living relative. <input type="checkbox"/> I am the personal representative of the estate of the veteran (Must show certified documentation.) <input type="checkbox"/> I am the person named by the veteran, legal guardian of the veteran, spouse, child or parent of the veteran in an appropriate power of attorney executed in accordance with Section 752 of the Estates Code. (Must have certified documentation.) <input type="checkbox"/> I am an employee of another govt. body. (Must show entity ID)	
Your Signature (Firma)	Date Signed (Fecha)
X	

VETERAN'S INFORMATION

Last Name (Apellido)	First Name (Primer Nombre)	Middle Name (Segundo Nombre)	Sex (Sexo) <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (Fecha de nacimiento)	Date of Discharge	Any other information:	

OFFICE USE ONLY (SOLAMENTE PARA LA OFICINA)

Clerk Christie Wakefield, Leon County Clerk	Total Number of Certificates
Date	Deputy Clerk

Leon County Clerk

For mail in requests, send requests to:
PO Box 98, Centerville, TX 75833
Or 155 N. Cass Street, 1st Floor, Centerville, TX 75833
Tel. – 903-536-2352
www.co.leon.tx.us