

Request For Copy Of  
**MILITARY DISCHARGE FORM**  
RUNNELS COUNTY

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
			3. GENDER
4. DATE OF BIRTH	Month	Day	Year
			CITY/COUNTY/STATE
5. SOCIAL SECURITY NUMBER (if known)			

6. Requestor's Name: \_\_\_\_\_

7. Telephone #: \_\_\_\_\_ (Mon-Fri 8:00 a.m.-5:00 p.m.)

8. Mailing Address: \_\_\_\_\_  
Street Address City State Zip

9. Relationship to person named in item 1: \_\_\_\_\_

10. Purpose for obtaining this record: \_\_\_\_\_

11. Identifying information for discharge record: ID#: \_\_\_\_\_

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

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date of Application

<b>OFFICE USE ONLY</b>	
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Date Issued _____	By _____