



Coleman County Clerk - Stacey Mendoza

100 Liveoak Street, Suite 105
Coleman, Texas 76834
Ph. (325) 625-2889 Fax (325) 625-2889

REQUEST FOR COPY OF MILITARY DISCHARGE FORM

COLEMAN COUNTY

Number of copies requested _____

PLEASE PRINT

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 (optional)				

6. Requestor's name _____

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

8. Mailing Address: STREET ADDRESS CITY STATE ZIP

9. Relationship to person named in item 1: _____

9. Purpose for obtaining this record: _____

10. Identifying information for discharge record: ID#: _____

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

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Your Signature

Date of Application

Vol./Page _____	OFFICE USE ONLY	Certificate # _____
Date Issued _____		By _____