

**APPLICATION FOR CERTIFIED COPY  
MILITARY DISCHARGE  
(Hunt County Only)  
No Charge for this record**

Office Use Only NO CHARGE
Date Issued: _____
Deputy: _____

**Gov't Code §552.140 MILITARY DISCHARGE RECORDS**

(b)The record is confidential for the 75 years following the date it is recorded,(c)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: the veteran; legal guardian of the veteran; spouse, child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran; the personal representative of the estate of the veteran; 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 Texas Estates Code §752; another governmental body; authorized representative of the funeral home that assists with the burial of the veteran.

**These records will only be sent out by mail or issued in person.**

Please Print:      Number of Copies Requested: \_\_\_\_\_

1. Veteran's Name: \_\_\_\_\_
2. Date of Discharge: \_\_\_\_\_
3. Sex: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Branch of Service: \_\_\_\_\_
7. Applicant's Name: \_\_\_\_\_
8. Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
9. Applicant's Phone Number: \_\_\_\_\_
10. Applicant's Email Address: \_\_\_\_\_
11. Relationship to Veteran: \_\_\_\_\_
12. Purpose for obtaining record: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(Copy of Applicant's I.D. is **required**)

\_\_\_\_\_  
Date

Electronic request may be sent by fax or email: **Fax # 903-408-4287**

**Email: [countyclerk@huntcounty.net](mailto:countyclerk@huntcounty.net)**

**BECKY LANDRUM  
HUNT COUNTY CLERK  
PO BOX 1316  
GREENVILLE TX 75403**

## ***NOTARIZED PROOF OF IDENTIFICATION***

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
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FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (CITY OR COUNTY)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
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NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

### ***AFFIDAVIT OF PERSONAL KNOWLEDGE***

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>
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STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (name)
now residing at _____ (Address) (City) (State)
who is related to the person named in Part I as _____ (relationship) and who on oath deposes
and says that the contents of this affidavit are true and correct.
Signature _____ (Signature of Applicant)
Sworn to and subscribed before me, this ____ day of _____, 20 ____.
<b>(Please place notary stamp in space below)</b>

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

**WARNING: IT A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (*MONEY ORDER OR CASHIER CHECK*) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**HUNT COUNTY CLERK  
VITAL RECORDS  
PO BOX 1316  
GREENVILLE TX 75403**

**(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**