

APPLICATION FOR COPY OF
MILITARY DISCHARGE RECORD



Number of certified 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. Date of Birth	Month	Day	Year
4. Social Security Number		Branch of Military	

5. Applicant's Name _____ Phone Number _____

6. Applicant's Address _____

7. On request and the presentation of proper identification, the following persons may inspect or obtain a copy of the military discharge record: (Please check the one that applies to you)

- I am the veteran.
- I am the legal guardian of the veteran. (Must have certified documentation)
- I am the spouse, child or parent of the veteran and I am the nearest living relative of the veteran.
- There is no living spouse, child or parent of the veteran and I am the nearest living relative of the veteran.
- I am the personal representative of the estate of the veteran. (must have certified documentation)
- I am the person named by the veteran, legal guarding of the veteran, spouse, child or parent of the veteran in an appropriate power of attorney executed in accordance with Section 490, Chapter XII, Texas Probate Code. (must have certified documentation)
- I am an employee of another governmental body. (Must have employee I.D.)

Identifying documentation used for person named in item #5: _____

Purpose for Obtaining Record: _____

Applicants Signature _____ Date _____

Office Use Only

Document number _____ Date Issued _____

Deputy _____

NOTARIZED PROOF OF IDENTIFICATION

THE STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared

Known to me to be the person whose name is subscribed on the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this ____ day of _____, _____.

Notary Signature _____

Printed Name of Notary _____

My commission expires on _____

Notary Stamp/Seal Here

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,00. (HEALTH AND SAFTY CODE, CHAPTER 195, SEC.195-003)

MAIL THIS SWORN STATEMENT, APPLICATION AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Karnes County Clerk
210 W. Calvert, Suite 100
Karnes City, Texas 78118**

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