LILA DEAKLE
County Clerk
Parker County, Texas

Request for copy of
MILITARY DISCHARGE FORM

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 (if known)			

6. Requestor's name _____

7. Telephone # : __(_____)_____

8. Mailing Address : _____
Street Address City State

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

OFFICE USE ONLY

Vol/Page _____ Certificate # _____

Date Issued _____ By _____