# APPLICATION FOR CERTIFIED COPY MILITARY DISCHARGE (Calhoun County Only) No Charge for this record

#### 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.

#### ANNA M GOODMAN CALHOUN COUNTY CLERK 211 S ANN STREEET #102 PORT LAVACA, TX 77979



Office Use Only (NO CHARGE)
Date Issued:
Deputy:
Number of copies:
Certificate #:

## Please Print:

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 Applicant's I.D.)	Date
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Applications submitted by mail must have the attached notarized proof of identification. Applications submitted in office are not required to have the notarization.

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### NOTARIZED PROOF OF IDENTIFICATION

For Certified Copy of Military Discharge (DD214)

PART I. ENTER NAME OF MILITARY MEMBER			
FULL NAME OF PERSON ON RECORD	BRANCH OF SERVICE		
PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.			
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED		
	1		

## AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.			
STATE OF			
COUNTY OF			
Before me on this day appeared	(name)		
now residing at	(name)		
now residing at(Address)	(City)	(State)	
who is related to the person named in Pa	rt I as	and who on oath deposes	
	(relationship)		
and says that the contents of this affidavit are true and correct.			
	Signa	ture	
Sworn to and subscribed before me, this (Please place notary stamp in space below)	day of	, 20	
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 AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

CALHOUN COUNTY CLERK VITAL RECORDS 211 S ANN STREET #102 PORT LAVACA, TX 77979

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