

DeWITT COUNTY CLERK
 307 N. GONZALES
 CUERO, TEXAS 77954
 361-275-0864

OFFICE USE ONLY	
Vol/Page:	_____
Date Issued:	_____
Clerk's Initials:	_____

REQUEST FOR COPY OF MILITARY DISCHARGE

___ # of Copies Requested

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Discharge	Month	Day	Year
3. Gender (Circle one)	Male	Female	
4. Date of Birth	Month	Day	Year
5. Social Security Number			

6. REQUESTOR'S NAME _____

7. MAILING ADDRESS _____

8. TELEPHONE NUMBER _____ (MON. – FRI. 8:00 A.M. TO 5:00 P.M.)

9. RELATIONSHIP TO PERSON NAMED IN ITEM #1 _____

10. IDENTIFICATION OF REQUESTOR (COPIED ON BACK OF REQUEST FORM)

I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

Name _____

Street Address _____

City _____

State _____ Zip Code _____

 SIGNATURE OF APPLICANT

 DATE OF APPLICATION