

**REQUEST FOR COPY OF  
MILITARY DISCHARGE FORM**

Number of copies requested \_\_\_\_\_

PLEASE PRINT

**VETERAN'S INFORMATION:**

Name on Record \_\_\_\_\_  
First Middle Last

Date of Discharge \_\_\_\_\_ Gender \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Requestor's Telephone Number (\_\_\_\_\_) \_\_\_\_\_ (MON-FRI 8:00 AM TO 5:00 PM)

Requestor's Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Relationship to Veteran: \_\_\_\_\_

Purpose for obtaining this record: \_\_\_\_\_

Requestor's proof of ID for discharge record, (Copy of ID attached):

Type of ID \_\_\_\_\_ ID# \_\_\_\_\_

If copy is to be mailed to some other person, please complete:

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
**Requestor's Signature**

\_\_\_\_\_  
**Date of Application**

**Nancy E. Rister, County Clerk**  
Williamson County  
P. O. Box 647  
Jarrell, TX 76537-0647