

**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