REQUEST FOR COPY OF
MILITARY DISCHARGE FORM

COLEMAN COUNTY

Number of copies requested

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 (optional)

6. Requestor's name

7. Telephone #: ( ) (MON-FRI 8:00 A.M.-5:00 P.M.)

8. Mailing Address:
   STREET ADDRESS   CITY   STATE   ZIP

9. Relationship to person named in item 1:

10. Purpose for obtaining this record:

11. Identifying information for discharge record: ID#:

11. 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

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Certificate #

Date Issued

By