

## APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE FORM DD214

Number of Certified Copies Being Requested  VETERAN'S INFORMATION PER THE DD214 RECORD		
Date of Discharge	Date of Birth	Dates of Service
Branch of Service		
Full Name of Applicant		
Applicant Phone Number		
Applicant Mailing Address		
Relationship to Veteran	Purpose for Obtaining t	his Record
of a governmental body. During	that period the governmental body m	d with or otherwise first comes into the possession ay permit inspection or copying of the record or s section or in accordance with a court order.
or obtain from the governmental subject of the record; (2) the legal is no living spouse, child, or parent of the veteran; (5) the person nappropriate power of attorney exe	body free of charge a copy or certified guardian of the veteran; (3) the spot, the nearest living relative of the veteraned by the veteran, or by a persor cuted in accordance with Subchapters	persons may inspect the military discharge recorded copy of the record: (1) the veteran who is the buse or a child or parent of the veteran or, if there eran; (4) the personal representative of the estate in described by Subdivision (2), (3), or (4), in an A and B, Chapter 752, Estates Code; (6) another nome that assists with the burial of the veteran.
Signature of Applicant		