

**REQUEST FOR COPY OF
MILITARY DISCHARGE FORM (DD214)**

Mail to Jannett Pieper, Kerr County Clerk 700 Main St. #122, Kerrville TX 78028
Office: 830/792-2255 Email: Jpieper@co.kerr.tx.us

KERR COUNTY

Number of certified copies requested _____ (No Charge)

PLEASE PRINT

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 (if known)				

6. Requestor's name _____

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

8. Mailing Address: _____
STREET ADDRESS CITY STATE ZIP

9. Relationship to person named in item 1: _____

9. Purpose for obtaining this record: _____

10. 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

A photo copy of your ID as shown in No. 10 above is required to accompany this application.

OFFICE USE ONLY

Vol./Page _____

Certificate # _____

Date Issued _____

By _____