REBECCA BOLIN
KERR COUNTY CLERK
700 MAIN STREET, #122
KERRVILLE, TEXAS 78028
TEL: 830-792-2255
FAX: 830-792-2274

REQUEST FOR COPY OF MILITARY DISCHARGE FORM

Number of copies requested: _____ Please print.

FULL NAME OF PERSON ON RECORD: _____

DATE OF DISCHARGE: _____ WHICH WAR: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # OF PERSON ON RECORD: _____

Requestor's name: _____

Telephone number: _____

Mailing address: _____ City: _____ State: _____

Relationship to person: _____

Purpose for obtaining this record: _____

Your Driver's License #: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP T O $10,000.

Administrative rules require that on restricted records, all identifying information in the above items must be provided in order to issue such record being requested along with a **XEROX COPY OF THE INDENTIFICAITON FROM THE PERSON REQUESTING THE RECORD.**

Your Signature: _____ Date: _____

Record contained in: Volume #: _____ Page #: _____