## APPLICATION FOR CERTIFIED COPY MILITARY DISCHARGE

(Upshur County Only)

# No Charge for this record

#### Gov't Code §552.140 MILITARY DISCHARGE RECORDS

(b) The record is confidential for the 75 years following the date it is recorded, (c) On request and the presentation of proper identification, the following persons may inspect the military discharge record or obtain from the governmental body free of charge a copy or certified copy of the record: the veteran; legal guardian of the veteran; spouse, child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran; the personal representative of the estate of the veteran; the person named by the veteran, or by a person described by Subdivision (2), (3), or (4), in an appropriate power of attorney executed in accordance with Texas Estates Code §752; another governmental body; authorized representative of the funeral home that assists with the burial of the veteran.

### TERRI ROSS UPSHUR COUNTY CLERK PO BOX 730 GILMER TX 75644



Office Use Only NO CHARGE
Date Issued:
Deputy:
Number of copies:

## **Please Print:**

1. Veteran's Name:		
2. Date of Discharge:		
3. Sex:		
4. Date of Birth:		
5. Social Security Number:		
6. Branch of Service:		
7. Applicant's Name:		
8. Applicant's Mailing Address:		
9. Applicant's Phone Number:		
10. Applicant's Email Address:		
11. Relationship to Veteran:		
12. Purpose for obtaining record:		
Signature of Applicant (Copy Applicant's I.D.)	Date	

Applications submitted by mail must have the attached notarized proof of identification. Applications submitted in office are not required to have the notarization.

#### NOTARIZED PROOF OF IDENTIFICATION

For Certified Copy of Military Discharge (DD214)

PART I. ENTER NAME OF MILITARY MEMBER				
FULL NAME OF PERSON ON RECORD		BRANCH OF SERVICE		
·				
PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.				
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER	OF ID ACCEPTED WHEN NOTARIZED		

#### AFFIDAVIT OF PERSONAL KNOWLEDGE

	ST BE SIGNED IN THE	PRESENCE OF A NOTARY PUB	BLIC.	
STATE OF	_			
COUNTY OF				
Before me on this day appeare	ed(name)			
now residing at	()			
now residing at(Ad	ldress)	(City)	(State)	
who is related to the person na	med in Part I as		and who on oath deposes	
		(relationship)		
and says that the contents of this affidavit are true and correct.				
		Signature		
Sworn to and subscribed before (Please place notary stamp in space)	11.	_ day of	, 20	
	11.	_	, 20	
(Please place notary stamp in space	11.	_ day of	, 20	
(Please place notary stamp in space Signature of Notary Public	11.	_ day of	, 20	
(Please place notary stamp in space Signature of Notary Public Commission Expires	11.	_ day of	, 20	

WARNING: IT A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

UPSHUR COUNTY CLERK PO BOX 730 GILMER TX 75644

(APPLICATIONS BY MAIL WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)