



**APPLICATION FOR CERTIFIED COPY  
MILITARY DISCHARGE  
(Smith 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.

**KAREN PHILLIPS  
SMITH COUNTY CLERK  
200 E FERGUSON, STE 300  
TYLER, TEXAS 75702**

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.*

