

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.

Office Use Only NO CHARGE

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

(Copy Applicant's I.D.)

200 E FERGUSON, STE 300 ΓYLER, TEXAS 75702	Date Issued: Deputy:
Please Print:	Number of copies:
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:	
	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		
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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

PART III. THIS SECTION MUST BE SIGNE	D IN THE PRESENCE OF A N	NOTARY PUBLIC.	
STATE OF			
COUNTY OF			
Before me on this day appeared	(name)		
now residing at	(namo)		
now residing at(Address)	(City)	(State)	
who is related to the person named in Part I	as	and who on oath deposes	
	(relationship)		
and says that the contents of this affidavit are	e true and correct.		
	Sig	gnature	_
Sworn to and subscribed before me, this	day of	, 20	
Signature of Notary Public			
Commission Expires			
Typed or Printed Name			
Street Address			
City, State and Zip			

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:

SMITH COUNTY CLERK VITAL RECORDS 200 E. FERGUSON, STE. 300 TYLER, TX 75702

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