

**CATHY JENTHO  
EASTLAND COUNTY CLERK  
100 WEST MAIN #102, P. O. BOX 110  
EASTLAND, TEXAS 76448  
254-629-1583  
254-629-8125 (FAX)**

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

Number of copies requested \_\_\_\_\_

**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**

<b>OFFICE USE ONLY</b>	
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