

FREE OF CHARGE – THANKS FOR YOUR SERVICE!

APPLICATION FOR COPY OF MILITARY DISCHARGE RECORD

Number of regular copies requested _____ Number of certified 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
4. Date of Birth	Month	Day	Year

5 Applicant's name _____

6 Applicant's address _____

- 7 On request and the presentation of proper identification, the following persons may inspect or obtain a copy of the military discharge record: (Please check the one that applies to you)
- I am the veteran.
 - I am the legal guardian of the veteran. (Must have certified documentation)
 - I am the spouse, child or parent of the veteran.
 - There is no living spouse, child or parent of the veteran and I am the nearest living relative of the veteran.
 - I am the personal representative of the estate of the veteran. (Must have certified documentation)
 - I am the person named by the veteran, legal guardian of the veteran, spouse, child or parent of the veteran in an appropriate power of attorney executed in accordance with Section 490, Chapter XII, Texas Probate Code. (Must have certified documentation)
 - I am an employee of another governmental body. (Must have employee I.D.)

Identifying information used for person named in item #5: _____

Supporting documentation used: _____

Applicants Signature _____

Date of Application _____

Document number _____	OFFICE USE ONLY
Date Issued _____	Deputy _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

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 SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.						
STATE OF _____						
COUNTY OF _____						
Before me on this day appeared _____ (Name)						
now residing at _____ (Address) _____ (City) _____ (State)						
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20_____.						
<p style="text-align: center;">(Seal)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Signature of Notary Public</td></tr> <tr><td style="text-align: center;">Commission Expires</td></tr> <tr><td style="text-align: center;">Typed or Printed Name</td></tr> <tr><td style="text-align: center;">Street Address</td></tr> <tr><td style="text-align: center;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
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Commission Expires						
Typed or Printed Name						
Street Address						
City, State and Zip						

WARNING: IT IS 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, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Lamb County Clerk
 Tonya Ritchie-County Clerk
 100 6th Drive, Room 103
 Littlefield, Texas 79339

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