



Janette K. Green

County Clerk

P.O. BOX 219, PALO PINTO, TX 76484

**APPLICATION FOR COPY OF
MILITARY DISCHARGE RECORD.**

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
3. Date of Birth	Month	Day	Year

4. Applicant's name _____

5. Applicant's address _____

6. 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 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 #4: _____

Supporting documentation used: _____

Applicants Signature

Date of Application

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.



NOTARIZED PROOF OF IDENTIFICATION

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

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 on record _____ and who on oath deposes (relationship)	
And says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me _____ day of _____, 20____,	

(Seal)

Signature of Notary Public
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 SAFTY CODE, CHAPTER 195, SEC. 195.003)

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

**Palo Pinto County Clerk
P.O. BOX 219
Palo Pinto, TX 76484**

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