



**Montgomery County Clerk
L. Brandon Steinmann**

APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE FORMS – DD-214

Please Print

Today's Date: _____ Number of Certified Copies Requested: _____

VETERAN'S INFORMATION:

FULL NAME: _____			
DATE OF DISCHARGE <i>(if known):</i>	Month: _____	Day: _____	Year: _____
DATE OF BIRTH	Month: _____	Day: _____	Year: _____
BRANCH OF SERVICE: _____		_____	

APPLICANT'S INFORMATION:

FULL NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____

Issuance of the DD-214 is restricted to certain individuals in accordance with Texas Government Code § 552.140. Please check your relationship to the veteran.

- | | |
|---|---|
| <input type="checkbox"/> Person named on the record (self) | <input type="checkbox"/> If there is no living spouse, child or parent, the nearest living relative of the Veteran |
| <input type="checkbox"/> Spouse of the Veteran | <input type="checkbox"/> Person named by the Veteran, or a legal guardian, spouse, child, nearest living relative, or personal representative of the estate described in a power of attorney according to Estates Code, Ch. 572 |
| <input type="checkbox"/> Child of the Veteran | <input type="checkbox"/> Authorized representative of a funeral home assisting in burial of the Veteran |
| <input type="checkbox"/> Parent of the Veteran | |
| <input type="checkbox"/> Legal Guardian of the Veteran | |
| <input type="checkbox"/> Personal Representative of the Estate of the Veteran | |

Applicant's Signature: _____

If you are submitting this request by mail, you must have it notarized AND include legible copy of valid I.D.

State of Texas County of _____ This instrument was acknowledged before me on _____ By: _____ Notary Public or Deputy Clerk _____ (seal)
