

Deaf Smith County Clerks Office
 235 E. 3rd Rm. 203
 Hereford Tx. 79045-5542
 806-363-7077

APPLICATION FOR MILITARY DISCHARGE RECORD

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Discharge or Death	Month	Day	Year	3. Sex (male or female)
4. Date of Birth	Month	Day	Year	
5. Place of Birth	City	County	State	
6. Social Security # (if known)				

7. YOUR NAME: _____ 8. TELEPHONE#: () _____
 (Monday-Friday 8:00-5:00)

9. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

10. Relationship to person named in item 1: _____

11. Purpose for obtaining this record: _____

12. Identifying information for discharge record: ID# _____

13. If copy is to be mailed to some other person, please complete:
 Name: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____

 Your Signature Date of Application

OFFICE USE ONLY

 Identification Type (Drivers License, I.D. Card, etc) Number (on Drivers License, I.D. Card, etc)

Relationship: (Circle One)
 Self, Legal Guardian, Spouse, Child, Parent, Nearest Living
 Relative, executor of Estate, Holder of Power of attorney,
 another Governmental Body