

SYLVIA GARZA-PEREZ  
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Brownsville, Texas 78522-2178



CAMERON COUNTY CLERK VITAL  
STATISTICS DEPT. PH (956) 544-0817

## APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE FORM (DD-214)

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	CITY/COUNTY/STATE
5. DATE OF SERVICE	YEAR (S)	BRANCH OF SERVICE		

6. REQUESTOR'S NAME: \_\_\_\_\_

7. TELEPHONE : ( ) \_\_\_\_\_ (Monday-Friday 8:00am - 5:00 pm)

8. MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

10. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

**Military Discharge forms are confidential for 75 years following the initial recorded date. Military Discharges may be requested by the following people (1) the veteran who is the subject of the record; (2) the legal guardian of the veteran; (3) the spouse or a child or parent of the veteran. Government Code: Chapter 552. Public Information § 552.140**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

### FOR OFFICE USE ONLY

Type of I.D. & Number: \_\_\_\_\_ Date  
-Supporting documentation: \_\_\_\_\_ Issued: \_\_\_\_\_  
Instrument # \_\_\_\_\_ By  
Deputy: \_\_\_\_\_