

# APPLICATION FOR CERTIFIED COPY MILITARY DISCHARGE

## Gov't Code §552.140 MILITARY DISCHARGE RECORDS

(b) The record is confidential for the 75 years following the date it is recorded, (c) On request and the presentation of proper identification, the following persons may inspect the military discharge record or obtain from the governmental body free of charge a copy or certified copy of the record: the veteran; legal guardian of the veteran; spouse, child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran; the personal representative of the estate of the veteran; the person named by the veteran, or by a person described by Subdivision (2), (3), or (4), in an appropriate power of attorney executed in accordance with Texas Estates Code §752; another governmental body; authorized representative of the funeral home that assists with the burial of the veteran.

HAMILTON COUNTY CLERK  
102 N RICE STREET, SUITE 107  
HAMILTON, TEXAS 76531



Office Use Only  
NO CHARGE

Date Issued: \_\_\_\_\_

Deputy: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Please Print:

1. Veteran's Name: \_\_\_\_\_

2. Date of Discharge: \_\_\_\_\_

3. Sex: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Branch of Service: \_\_\_\_\_

7. Applicant's Name: \_\_\_\_\_

8. Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

9. Applicant's Phone Number: \_\_\_\_\_

10. Relationship to Veteran: \_\_\_\_\_

11. Purpose for obtaining record: \_\_\_\_\_

Signature of Applicant  
(Copy Applicant's I.D.)

Date