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Hamilton, TX 76531



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Request for Copy of
MILITARY DISCHARGE (DD214)

(NO CHARGE for DD214)

Number of Copies _____

Information of Veteran

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. Place of Birth	City:	County:	State:
5. Last Four of Social Security Number			

6. Requestor's Name: _____

7. Telephone Number: () _____ (Mon – Fri 8:00 am to 4:00 pm)

8. Mailing Address: _____
Street City State Zip

9. Relationship to person named in item 1: _____

10. Type of Identification used: _____

Your Signature

Date of Application

All Requests for DD214 Must Have Picture I.D.