## JOYCE HUDMAN, COUNTY CLERK 111 E. LOCUST, SUITE 200 ANGLETON, TX 77515

## APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

1. Full Name of Person Discharge:

First	Middle		Last		
2. Date of Birth: _					
3. Branch of Milita	ary Dischar	ge From:			
4. Date of Dischar	ge:				
<b>5.</b> SS #:					
<b>6.</b> Applicant's Nar	ne:				
7. Mailing Address	S:Street Add	dress	City	State	Zip
8. Applicant's Pho	ne Number	r:			
<b>9.</b> Relationship to	Person Nar	ned in Item 1:			_
10. Purpose for Obt	aining This	s Record:			
SIGNATURE OF APPLICANT			DATE		
		Office Use Only			
ENTIFICATION:	TYPE	NUMBER		EXP.	
EFERENCE #:				LM.	
UMBER OF COPI	ES REQU	ESTED:			