

**SABINE COUNTY
MILITARY DISCHARGE COPY REQUEST**

PLEASE PRINT INFORMATION CLEARLY

VETERAN'S INFORMATION:

Full Name of Person on Record:	First	Middle	Last
Date of Discharge:	Month	Day	Year
Date of Birth:	Month	Day	Year
			GENDER: (Circle One)
			Male Female

Requestor's Name: _____

Mailing Address: _____

Phone Number: _____ **Relationship to Veteran:** _____

Identifying Information to obtain Discharge Record: _____

If copy is to be mailed to another individual, please complete:

Name _____ **Mailing Address:** _____

City _____ **State** _____ **Zip Code:** _____

Date

Signature

NOTARY ACKNOWLEDGMENT

STATE OF _____ **§**
COUNTY OF _____ **§**

This Instrument was Acknowledged before me, a Notary Public, on the _____ day of _____, 2016
by _____.

(Notary Seal)

Notary Public

OFFICE USE ONLY

VOL/PG _____ ; Issue Date _____ ; Issuer _____