

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

HEMPHILL COUNTY & DISTRICT CLERK
PO BOX 867
400 MAIN STREET
CANADIAN, TX 79014

DATE OF APPLICATION:

MONTH DAY YEAR

NAME ON DISCHARGE RECORD:

FIRST MIDDLE LAST

DATE OF BIRTH:

MONTH DAY YEAR

MALE

FEMALE

REASON FOR REQUEST: _____
(EMPLOYMENT, SOCIAL SECURITY, PERSONAL RECORD, ETC.)

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

APPLICANT'S TELEPHONE NUMBER: _____

RELATION TO APPLICANT (IF CERTIFICATE IS FOR ANOTHER PERSON): _____

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IDENTIFYING INFORMATION ON APPLICANT: _____

ISSUED BY: _____