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CAMERON COUNTY CLERK
ITAL STATISTICS (956) 544-0817
AX (956) 550-1322

REQUEST FOR COPY OF
MILITARY DISCHARGE FORM

_____ COUNTY

NUMBER OF COPIES REQUESTED _____

PLEASE PRINT

VETERAN'S INFORMATION

1. FULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
2. DATE OF DISCHARGE	MONTH	DAY YEAR	3. GENDER
4. DATE OF BIRTH	MONTH	DAY YEAR	CITY/COUNTY/STATE
5. DATE OF SERVICE	YEAR(S)	BRANCH OF SERVICE	

6. REQUESTOR'S NAME _____

7. TELEPHONE #: () _____ (MON-FRI 8:00A.M.-5:00P.M.)

8. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

10. PURPOSE FOR OBTAINING THIS RECORD: _____

11. IDENTIFYING INFORMATION FOR DISCHARGE RECORD: ID#: _____

12. IF COPY IS TO IS TO BE MAILED TO SOME OTHER PERSON, PLEASE COMPLETE:

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

YOUR SIGNATURE

DATE OF APPLICATION

OFFICE USE ONLY	
VOLUME _____	DATE ISSUED _____
PAGE _____	BY _____
CERTIFICATE # _____	