

# REQUEST FOR A COPY OF MILITARY DISCHARGE RECORD - DD-214

Pursuant to House Bill 545, Subchapter C, Chapter 552 Government Code was amended by adding Section 552.140. **MILITARY DISCHARGE RECORDS** filed after September 1, 2003, are confidential for **75 years** following the date of recordation. The following persons may inspect the Military Discharge Record or obtain a certified copy at **no charge**: The Veteran, the legal Guardian of the Veteran, the personal Representative of the Estate of the Veteran, the person named by the Veteran in a Power of Attorney, another Governmental Body or an authorized Representative of the Funeral Home that assists with the burial of the Veteran. A record may also be obtained through a court order.

Number of certified copies requested \_\_\_\_\_

**PLEASE FILL OUT THE INFORMATION IN THE BOX #1 - #4 ON THE VETERAN AND #5 - #11 ON THE PERSON REQUESTING RECORD.**

1. FULL NAME OF VETERAN ON RECORD: \_\_\_\_\_
2. DATE OF DISCHARGE: \_\_\_\_\_
3. GENDER: \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_

5. YOUR NAME: \_\_\_\_\_
6. TELEPHONE: \_\_\_\_\_
7. MAILING ADDRESS: \_\_\_\_\_
8. RELATIONSHIP TO VETERAN: \_\_\_\_\_
9. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_
10. IF COPY IS TO BE MAILED TO SOME OTHER PERSON, PLEASE COMPLETE:  
NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

## AFFIDAVIT OF PERSONAL KNOWLEDGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this appeared \_\_\_\_\_,  
Veteran/Requestor now residing at address: \_\_\_\_\_ City: \_\_\_\_\_,  
State: \_\_\_\_\_, Zip Code: \_\_\_\_\_ who is qualified on record as: \_\_\_\_\_ and who on  
oath deposes and says that the contents of this affidavit are true and correct.

The Veteran/Requestor presented the following type and number of Identification: \_\_\_\_\_

\*\*\*\*\* Signature of Veteran/Requestor: \_\_\_\_\_ \*\*\*\*\*

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Signature of Notary Public and Notary Number \_\_\_\_\_  
Typed or Printed Name: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Mail this Request with a **Sworn Affidavit**, copy of your **Photo ID**, and a **Self-Addressed Stamped Envelope** to:  
Carrine Arrington, Aransas County Clerk  
2840 Hwy 35 N, Rockport, Texas 78382