

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:

Misty Kimbrough, Aransas County Clerk
Address: 2718 Hwy 35 North Rockport, TX 78382