

REQUEST FOR COPY OF  
MILITARY DISCHARGE FORM  
HOCKLEY COUNTY

Number of Copies \_\_\_\_\_

PLEASE PRINT

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. SS #			

6. REQUESTOR'S NAME \_\_\_\_\_

7. TELEPHONE # (\_\_\_\_\_) - \_\_\_\_\_ (MON.-FRI. 8:00 AM -5:00 P.M.)

8. MAILING ADDRESS \_\_\_\_\_  
STREET ADDRESS
CITY
STATE
ZIP

9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

10. IDENTIFYING INFORMATION FOR DISCHARGE RECORD: ID#: \_\_\_\_\_

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

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

VOL./PAGE _____ DATE ISSUED _____	<b>OFFICE USE ONLY</b> CERTIFICATE # _____ BY: _____
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