



# REQUEST FOR COPY OF MILITARY DISCHARGE FORM MEDINA COUNTY

## VETERAN'S INFORMATION

**PLEASE PRINT**

Copies Requested \_\_\_\_\_

**A. FULL NAME OF PERSON ON RECORD:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

**B. DATE OF DISCHARGE:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**C. DATE OF BIRTH:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**D. SOCIAL SECURITY NUMBER (IF KNOWN):** \_\_\_\_\_

1. Requestor's Name: \_\_\_\_\_

2. Telephone Number: \_\_\_\_\_

3. Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Relationship to Veteran on item A : \_\_\_\_\_

5. Purpose for obtaining this record: \_\_\_\_\_

6. Identifying information for discharge record: ID# \_\_\_\_\_

7. If copy 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**

Vol. Page: \_\_\_\_\_ DOCUMENT#: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ By: \_\_\_\_\_

