



**J.C. PEREZ, III COUNTY CLERK**

JIM WELLS COUNTY, TEXAS  
200 N. ALMOND ST., STE 103  
ALICE, TEXAS 78332  
Phone: (361)668-5702, ext. 3

**APPLICATION FOR A CERTIFIED COPY OF  
MILITARY DISCHARGE FORM DD-214**

**VETERANS INFORMATION**

Full Name of Person on Record: _____			
	First name	Middle Name	Last Name
Date of Discharge: _____	Male or Female: _____		
	Month	Day	Year
Date of Birth: _____	Branch of Service: _____		
	Month	Day	Year

PLEASE PRINT:

Name of Person Requesting record: \_\_\_\_\_

Mailing address of person requesting record: \_\_\_\_\_  
City State Zip code

Daytime phone number: \_\_\_\_\_

Relationship to person on record: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ DD-214 forms are provided as certified copies at NO CHARGE

\_\_\_\_\_  
Signature of person requesting record

\_\_\_\_\_  
Date of application

**Application will not be processed without a valid photo ID**

Military discharge forms are confidential for 75 years following the initial recorded date. Military discharges may be requested by the following: (1) the veteran who is the subject of the record; (2) the legal guardian of the veteran; (3) the spouse, child or parent of the veteran. If there is no living spouse, child or parent of the veteran, then the nearest living relative of the veteran. (4) the personal representative of the estate of the veteran; (5) the person with a power of attorney executed on behalf of the veteran; (6) another governmental body; (7) an authorized representative of the funeral home assisting with the burial of the veteran. Tex. Gov't Code § 552.140

FOR OFFICE USE ONLY.....COPY OF VALID ID
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