



Mary Louise Nicholson, County Clerk
Vital Records – Plaza Building
200 Taylor Street, Suite 301
Fort Worth, Texas 76196

**Military Discharge
Request Form**

Please Type or Print

Date: _____

Veteran's Information

Full Name of Person on Record: _____

Date of Discharge: _____

Are you requesting a copy of your own record? Yes No

If not, are you a member of the immediate family? Yes No

Please state your relationship: _____

Signature of Requestor

Street Address

City State Zip Code

Telephone Number

**2 Free Certified
Copies are provided
at the time of filing.**

Military Discharge forms are confidential for 75 years following the initial recorded date. Military Discharges may be requested by the following people (1) the veteran who is the subject of the record; (2) the legal guardian of the veteran; (3) the spouse or a child or parent of the veteran. Government Code: Chapter 552. Public Information § 552.140

OFFICE USE ONLY
Issued to: _____ Date: _____
Type of I.D. & Number: _____ Clerk Initials: _____
Additional Copies: _____ Fee: _____ Instrument #: _____
Crt'd: 11/24/2021