



Mary Louise Nicholson, County Clerk  
Vital Records – Plaza Building  
200 Taylor Street, Suite 201  
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

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

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: 12/2018