

**REQUEST FOR COPY OF
MILITARY SERVICE
DISCHARGE RECORD (DD-214)**

(No charge for DD214)

Number of Copies _____

1.	Name on Record	
2.	Social Security Number	
3.	Date of Discharge	
4.	Applicant's Name	
5.	Mailing Address	
6.	Telephone Number	
7.	Relationship	
8.	Purpose for obtaining this record	

Signature _____ Date _____

Identification Type _____

Attach Photocopy of Valid Picture ID

Please fill out form completely and remit to:

Caldwell County Clerk

Carol Holcomb

1703 S. Colorado St. Ste. 1200

Box 1

Lockhart, TX 78644