HEATHER H. HAWTHORNE,
CHAMBERS COUNTY CLERK
P.O.BOX 728 ANAHUAC, TEXAS 77514

APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

1. Full Name of Person Discharge:

_____
First Middle Last

2. Date of Birth: _____

3. Branch of Military Discharge From: _____

4. Date of Discharge: _____

5. SS #: _____

6. Applicant's Name: _____

7. Mailing Address: _____
Street Address City State Zip

8. Applicant's Phone Number: _____

9. Relationship to Person Named in Item 1:_____

10. Purpose for Obtaining This Record: _____

_____ _____
SIGNATURE OF APPLICANT **DATE**

Office Use Only

IDENTIFICATION: _____
TYPE NUMBER EXP.

REFERENCE #: _____

NUMBER OF COPIES REQUESTED: _____