

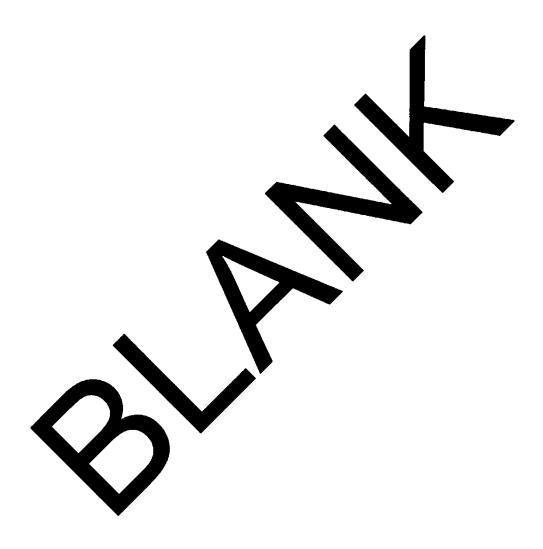
ELAINE H. CÁRDENAS, HAYS COUNTY CLERK

712. S. Stagecoach Trail Ste. 2008, San Marcos, TX. 78666 (512) 393-7738

APPLICATION FOR CERTIFIED COPY OF DD214 – MILITARY RELEASE/DISCHARGE RECORD

Applicant is hereby requesting a certified copy of the DD214 – Military Release/Discharge Record for the following individual:

JAME:				
Applicant's Name:				
Address:				
Street Address	City	State	Zip	
Mailing address for copies, if different f	rom requestor:	requestor:Street Address		
City	State		Zip	
Relationship to Person named in Reco	ord:			
Signature:	Dat	te:		
Identification Type:	Name			



This blank page is to ensure that notarized affidavit does not print on the reverse side of the application.



NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER FULL NAME OF PERSON ON I	RECORD				
FIRST NAME	MIDDLE NAME		LAST NAME		
PART II. ENTER RELATIONSHIP TO PERSON O	N RECORD AND	THE TYPE OF ID USED.			
NAME AND RELATIONSHIP TO PERSON ON RECORD TYPE AND NUMBER OF IDACO		CEPTED WHEN NOTARIZED			
ΛΕΕΙDΑ\/I	IT OF DEDS	ONAL KNOWLEDGE	=		
AFFIDAVIT OF PERSONAL KNOWLEDGE					
PART III. THIS SECTION MUST BE SIGNED INTHE PRESENCE OF A NOTARY PUBLIC.					
STATE OF					
COUNTY OF					
Before me on this day appeared					
now residing at	,	Name)			
(Address) who is related to the person named on Part I as	(city)	(state)	and who on oath deposes and		
(Relationship) says that the contents of this affidavit are true and correct.					
Signature					
Sworn to and subscribed before me, this day of, 20					
		Signature of Notary Public			
Commission Expires		Expires			
		_			
(SEAL)	Typed or Printed Name				
		Street Add	ress		
		City, State a	nd Zip		

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003). MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: