



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:

NAME: _____

Applicant's Name: _____

Address: _____
Street Address City State Zip

I authorize mailing to the address below. I have verified that the address will receive my order:

Name of person receiving copies, if different from requestor: _____

Mailing address for copies, if different from requestor: _____
Street Address

City State Zip

Relationship to Person named in Record: _____

Signature: _____ **Date:** _____

Identification Type: _____ **Number:** _____

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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 RECORD		
FIRST NAME	MIDDLE NAME	LAST NAME

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (Name)
now residing at _____ (Address) (city) (state)
who is related to the person named on Part I as _____ 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 _____

(SEAL)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and 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:

**PLEASE MAIL THIS APPLICATION AND PHOTO COPY OF YOUR IDENTIFICATION TO:
Hays County Clerk's Office, 712 South Stagecoach Trl., Ste. 2008, San Marcos TX 78666**