

**REQUEST FOR COPY OF  
MILITARY DISCHARGE FORM  
HAMILTON COUNTY**

Number of copies requested \_\_\_\_\_

**PLEASE PRINT**

**VETERAN'S INFORMATION**

1. Full Name of Person On Record	First Name	Middle Name		Last Name
2. Date of Discharge	Month	Day	Year	3. Gender
4. Date of Birth	Month	Day	Year	City/County/State

5. Requestor's Name \_\_\_\_\_

6. Telephone #: \_\_\_\_\_ (MON-FRI 8:00 A.M.-5:00 P.M.)

7. Mailing Address: \_\_\_\_\_  
**STREET ADDRESS**
**CITY**
**STATE**
**ZIP**

8. Relationship to person name in item 1: \_\_\_\_\_

9. Purpose for obtaining this record: \_\_\_\_\_

10. Identifying information for discharge record: ID# \_\_\_\_\_

11. If copy is to be mailed to some other person, please complete:

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date of Application**

<b>OFFICE USE ONLY</b>	
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Date Issued _____	By _____