

**APPLICATION FOR CERTIFIED COPY  
MILITARY DISCHARGE  
(Hunt County Only)  
No Charge for this record**

Office Use Only NO CHARGE
Date Issued: _____
Deputy: _____

**Gov't Code §552.140 MILITARY DISCHARGE RECORDS**

(b)The record is confidential for the 75 years following the date it is recorded,(c)On request and the presentation of proper identification, the following persons may inspect the military discharge record or obtain from the governmental body free of charge a copy or certified copy of the record: the veteran; legal guardian of the veteran; spouse, child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran; the personal representative of the estate of the veteran; the person named by the veteran, or by a person described by Subdivision (2), (3), or (4), in an appropriate power of attorney executed in accordance with Texas Estates Code §752; another governmental body; authorized representative of the funeral home that assists with the burial of the veteran.

**These records will only be sent out by mail or issued in person.**

Please Print:      Number of Copies Requested: \_\_\_\_\_

1. Veteran's Name: \_\_\_\_\_
2. Date of Discharge: \_\_\_\_\_
3. Sex: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. Branch of Service: \_\_\_\_\_
7. Applicant's Name: \_\_\_\_\_
8. Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
9. Applicant's Phone Number: \_\_\_\_\_
10. Applicant's Email Address: \_\_\_\_\_
11. Relationship to Veteran: \_\_\_\_\_
12. Purpose for obtaining record: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(Copy of Applicant's I.D. is **required**)

\_\_\_\_\_  
Date

Electronic request may be sent by fax or email: **Fax # 903-408-4287**

**Email: [countyclerk@huntcounty.net](mailto:countyclerk@huntcounty.net)**

**BECKY LANDRUM  
HUNT COUNTY CLERK  
PO BOX 1316  
GREENVILLE TX 75403**