



Mary Louise Nicholson
County Clerk
Recording life's events since 2011

**REQUEST FOR REMOVAL OF MILITARY
DISCHARGE RECORD**

As per Section 192.002, Local Government Code, I request that the Military Discharge Record of the following individual be removed from all records:

Full Name of Veteran: _____
Last First Middle

Name of Person Making Request: _____

If the person making the request is not the Veteran, please identify the legal relationship that authorizes the request: (check one)

- Surviving Spouse Attorney-in-Fact/Power of Attorney
 Personal Representative of the Estate Court Appointed Guardian

*****A certified copy of the Power of Attorney, Will
or Court Order appointing Guardianship must be provided*****

Signature

Date

Office Use Only

Volume/Page _____

Requestor's ID Verified _____

Date of Removal _____

Social Security # Verified _____

Removed By _____

Date of Birth Verified _____

Deputy Clerk

Court Order # _____