



# REQUEST FOR REMOVAL OF MILITARY DISCHARGE RECORD

Mary Louise Nicholson  
Tarrant County Clerk  
Fort Worth, Texas 76196-0401

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

Full Name of Veteran: \_\_\_\_\_

(Last Name) (First) (Middle)

Name of Person Making Request: \_\_\_\_\_

If not the Veteran making the Request, identify the legal relationship that entitles the Person Making Request to make 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 of person making request

\_\_\_\_\_  
Date

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Requestor's ID Verified \_\_\_\_\_

Date of Removal \_\_\_\_\_

Social Security # Verified \_\_\_\_\_

Removed by \_\_\_\_\_  
Deputy Clerk

Date of Birth Verified \_\_\_\_\_

Court Order # \_\_\_\_\_