



REQUEST FOR REMOVAL OF MILITARY DISCHARGE RECORD

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

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

OFFICE USE ONLY

Volume / Page _____

Requestor's ID Verified _____

Date of Removal _____

Social Security # Verified _____

Removed by _____
Deputy Clerk

Date of Birth Verified _____

Court Order # _____