



116 South Charlton Street Woodville, Texas 75979 (409) 283-2281

Application for Request of DD214 Military Discharge

Full Name on Record/First	Middle Name	Last I	Last Name	
Birth Date		Male	Female	
	PLEASE PRINT			
Discharge Date		Service Number		
Applicant's Name		Phone#		
Nacilius Address	C:t-	Chaha	7:	
Mailing Address	City	State	Zip	
Relationship to specified person requested	L	l		
Purpose for obtaining this record				
Release of information is subject to restrictions imposed	by the military services consisten	t with the Department of Defe	nse regulations and the	
provisions of the Freedom of Information Act (FOIA) and				
guardian has access to almost any information contained member's legal guardian, is needed in Section III of the SI		•		
the release authorization in Section III of the SF180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only				
limited types of information can be provide. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to				
greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried				
surviving spouse, father, mother, son, daughter, sister, or newspaper article (obituary) or death notice, coroner's re	-			
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ATTACH PHOTOCOPY OF VALID IDENTIIFICA	TION. APPLICATION <u>WILL I</u>	NOT BE PROCESSED WITH	HOUT IDENTIFICATION.	
Cignotura		Data		
SignatureIdentification Type		Date		
пиенинсации туре		Number		

Revised 5/14/15