



SHARON FERGUSON, BROWN COUNTY CLERK  
200 SOUTH BROADWAY, STE 101  
BROWNWOOD, TEXAS 76801

**APPLICATION FOR CERTIFIED COPY MILITARY DISCHARGE**  
**(Brown County Only) No charge for this record**

**Government Code 552.140 CONFIDENTIALITY OF 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.

Number of copies \_\_\_\_\_

Office Use Only

Date Issued: \_\_\_\_\_

Deputy: \_\_\_\_\_

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

Date of Discharge: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

Purpose for Obtaining this Record: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Copy Applicant's I.D.)

*Applications submitted by mail must have the attached notarized proof of identification. Applications submitted in office are not required to have the notarization.*

# NOTARIZED PROOF OF IDENTIFICATION

For Certified Copy of Military Discharge (DD214)

<b>PART I. ENTER NAME, OF MILITARY MEMBER</b>	
FULL NAME OF PERSON ON RECORD	BRANCH OF SERVICE

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 ____.	
(Please place notary stamp in space below)	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

**WARNING: IT A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIERS CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**SHARON FERGUSON  
BROWN COUNTY CLERK  
200 SOUTH BROADWAY, STE 101  
BROWNWOOD, TX 76801**

**(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**