Rachel Lamb Geeslin
Hamilton County Clerks Office
102 N. Rice ST.
Suite 107
Hamilton, TX 76531

Telephone number: (254) 386-1205
Email: countyclerk@hamiltoncountytx.org

Request for Copy of
MILITARY DISCHARGE (DD214)

(NO CHARGE for DD214)
Number of Copies _____

Information of Veteran

1. Full Name of Person on Record	First Name:	Middle Name:	Last Name:
2. Date of Discharge	Month:	Day:	Year:
3. Date of Birth	Month:	Day:	Year:
4. Place of Birth	City:	County:	State:
5. Last Four of Social Security Number			

6. Requestor's Name: _____

7. Telephone Number: ,_____ (Mon – Fri 8:00 am to 4:00 pm)

8. Mailing Address: _____
                     Street   City   State   Zip

9. Relationship to person named in item 1:_____

10. Type of Identification used: _____

_____   _____
     Your Signature   Date of Application

All Requests for DD214 Must Have Picture I.D.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME OF MILITARY MEMBER	
FULL NAME OF PERSON ON RECORD	BRANCH OF SERVICES

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

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
                                                                      (Name)

now residing at _____,
                        (Address)   (City)   (State)

who is related to the person named on Part I as _____ and who on oath deposes and
                                                                    (Relationship)

says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT IS 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, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
**Rachel Lamb Geeslin
Hamilton County Clerk
102 N. Rice St. Ste. 107
Hamilton TX 76531
254-386-1205**

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