

Request for Copy of
MILITARY DISCHARGE FORM (DD-214)

LAVACA COUNTY CLERK
PO BOX 326/ 412 N TEXANA
Hallettsville, TX 77964
(361) 798-3612 phone

of copies requested _____ @ \$1 per page + \$5 certification per document = Total \$ _____
(Copies requested to file for a Veteran Benefit Claim are provided at no charge. Please provide proof of claim at the time of copy request)

VETERAN'S INFORMATION

1. Full Name of Person on Record _____
First Middle Last

2. Date of Discharge _____
Month Day Year

3. Date of Birth _____
Month Day Year

4. Requestor's Name _____

5. If copy is to be **mailed**, please complete the following mailing address:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Telephone # () _____ (Mon-Fri 8:00a.m.-5:00p.m.)

Please attach copy of Valid Identification (State, Federal ID such as Driver's License, Passport, etc)

6. Relationship to person named in item 1: _____

7. Purpose for obtaining this record: _____

Type of ID: _____ ID# _____

Signature _____

Date of Application _____

OFFICE USE ONLY	
Volume _____	Date Issued _____
Page _____	By: _____
ID # _____	Deputy Clerk