

APPLICATION FOR DD214

NO Charge



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PLEASE PRINT

1.Full Name on Discharge Record	First Name	Middle Name	Last Name
2.Date of Birth	Month	Day	Year
3,Date of Discharge	Month	Day	Year

4.Applicants Name: _____

5.Mailing Address: _____
Street Address _____ City _____ State _____ ZIP Code _____

6.Telephone # (____) - _____ - _____

7.Relationship to Person Named in Item 1: _____

8.Purpose for obtaining this record: _____

Signature of Applicant: _____ **Date:** _____

Identification Type: _____ **Number:** _____
Attach Photocopy _____ Driver's License, ID Card etc _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

**ARASELI B. LICHTENBERGER
DUVAL COUNTY CLERK
San Diego, Texas 78384**

If the Certified Copy is to be mailed to some other person, please provide the Name and Address
Name: _____ **Street Address:** _____
City: _____ **State:** _____ **ZIP:** _____