

REQUEST FOR REMOVAL OF MILITARY DISCHARGE RECORD

Suzanne Henderson
County Clerk
Tarrant County
Fort Worth, Texas 76196-0401

As per Section 192.002, Local Government Code, I request that the Military Discharge Record of the following person be removed from all records:

Full Name of Veteran: _____
(Last Name) (First) (Middle)

Name of Person Making Request: _____

If not the Veteran making the Request, identify the legal relationship that entitles the Person Making Request to make the Request: (check one)

Surviving Spouse

Attorney-in-Fact/Power of Attorney

Personal Representative of the Estate

Court Appointed Guardian

A certified copy of the Power of Attorney, Will or Court Order appointing Guardianship must be provided.

Signature of person making request

Date

OFFICE USE ONLY

Volume / Page _____

Requestor's ID Verified _____

Date of Removal _____

Social Security # Verified _____

Removed by _____
Deputy Clerk

Date of Birth Verified _____

Court Order # _____