REQUEST FOR MILITARY DISCHARGE INSPECTION / COPY / REMOVAL / REDACTION OF SOCIAL SECURITY NUMBER

1.	Full name of veteran:	
2.	Name of person making request:	
3.	If not the veteran making the request, identify the legal relationship that entitles the person to make the request	
	according to TCA 10-7-513: (check one)	
	a.	☐ The legal guardian of the veteran
	b.	\Box The spouse or a child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran
	c.	\Box The personal representative of the estate of the veteran
	d.	\Box The person named by the veteran, or by a person described by subdivision (a), (b), or (c), in an appropriate power of attorney
	e.	☐ Another governmental body:
	f.	☐ An authorized representative of the funeral home that assists with the burial of the veteran: (funeral home name / address)
4.	Type of military discharge record:	
5.	Во	ok and page number or other reference identifying where the military discharge is recorded in the county
	reg	ister's office: bk pg Instrument #
6.	Ch	eck the appropriate box:
	a.	☐ Request inspection of military discharge record
	b.	☐ Request copy of military discharge record
	c.	☐ Request removal of military discharge record
	d.	☐ Request redaction of social security number on military discharge record (if practicable)
7.	Type of identification:	
8.	Sig	nature of person making request:
ST	`AT	E OF
		TTY OF
Be	fore	me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared, with whom I am personally acquainted (or
		to me based on satisfactory evidence), and who acknowledged to be person(s) within named that
		ed the foregoing instrument for the purpose therein contained. ss my hand and seal this day of, 20
VV .	itile	ss my nand and sear this day of, 20
N.		Public
	•	mmission expires:
		for Seal of Officel