

APPLICATION BY MAIL VETERAN'S DD-214

Susan Winborne
 Gray County Clerk
 P.O. Box 1902
 Pampa, Texas 79066-1902
 806-669-8004

NO APPLICATION FEE

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| INSTRUCTIONS | | COPIES REQUESTED | |
| COMPLETE THIS FORM AND RETURN WITH A COPY OF APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION TO THE ADDRESS ABOVE | | HOW MANY? _____ | |
| PLEASE TYPE OR PRINT LEGIBLY | | | |
| INFORMATION ABOUT PERSON WHOSE DD-214 IS REQUESTED | | | |
| 1. NAME | FIRST | MIDDLE | LAST |
| 2. DATE OF BIRTH | MONTH | DAY | YEAR |
| PERSON REQUESTING DD-214 | | | |
| 3. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, SPOUSE, MOTHER, GUARDIAN, ETC.) | | | |
| 4. IF YOU ARE NOT THE VETERAN - PURPOSE FOR OBTAINING THIS RECORD (ESTATE, BURIAL INSURANCE, OTHER, ETC.) | | | |
| 5. PRINTED NAME OF APPLICANT | | | |
| 6. ADDRESS OF APPLICANT | STREET ADDRESS | CITY | STATE / ZIP |
| 7. SIGNATURE OF APPLICANT | | 8. PHONE NUMBER | 9. DATE SIGNED |
| IF YOU WANT THE DD-214 MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION | | DO NOT WRITE IN THIS SPACE | |
| | | CLERK _____ | |
| | | DD-214 # _____ | |
| NAME | | WARNING: Applicants must include the Notarized Proof of Identification on page 2. No exceptions | |
| STREET ADDRESS | | | |
| CITY OR TOWN | STATE ZIP | | |

ACCORDING TO TEXAS GOVERNMENT CODE 552.140 - THOSE ELIGIBLE FOR A COPY OF A MILITARY DISCHARGE ARE: THE VETERAN, LEGAL GUARDIAN, SPOUSE, CHILD, PARENT - AND IF NO SPOUSE - CHILD OR PARENT, THE NEAREST RELATIVE, PERSONAL REPRESENTATIVE OF THE ESTATE OF THE VETERAN, POWER OF ATTORNEY, ANOTHER GOVERNMENTAL BODY, AUTHORIZED REPRESENTATIVE OF THE FUNERAL HOME ASSISTING IN THE BURIAL OF THE VETERAN.

NOTARIZED PROOF OF IDENTIFICATION

| PART I. ENTER NAME AND DATE OF BIRTH AS INFORMATION APPEARS ON DD-214 APPLICATION | |
|--|---------------|
| FULL NAME OF PERSON ON RECORD | DATE OF BIRTH |

| 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 signed by me and that the statements are true and correct. | |
| Sworn to and subscribed before me, this _____ day of _____, 20____, Signature _____ | |
| 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 APPLICATION, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Gray County Clerk
P.O. Box 1902
Pampa, Texas 79066-1902**

(APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED)