

APPLICATION BY MAIL VETERAN'S DD 214

Brandi DeRemer
Taylor County Clerk
300 Oak Street, Suite 100
Abilene, Texas 79602
325-674-1202

<u>INSTRUCTIONS</u>		<u>COPIES REQUESTED</u>	
COMPLETE THIS FORM AND RETURN WITH A COPY OF APPLICANTS DRIVERS 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			
NAME	FIRST	MIDDLE	LAST
DATE OF BIRTH	MONTH	DAY	YEAR
PERSON REQUESTING DD-214			
RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, SPOUSE, MOTHER, GUARDIAN, ETC.)			
IF YOU ARE NOT THE VETERAN - PURPOSE FOR OBTAINING THIS RECORD (ESTATE, BURIAL INSURANCE, OTHER.)			
PRINTED NAME OF APPLICANT			
ADDRESS OF APPLICANT		STREET ADDRESS	
CITY	STATE	ZIP	
SIGNATURE OF APPLICANT		PHONE NUMBER	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			
STREET ADDRESS			
CITY OR TOWN	STATE		

According to Texas Government Code §552.140 - those eligible for a copy of a military discharge are: the veteran, legal guardian, spouse, child, parent, if no spouse, child or parent the nearest living 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.

DD-214
NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE OF BIRTH AS INFORMATION APPEARS ON DD-214	
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 _____ <div style="text-align: right; margin-left: 300px;">(Name)</div>	
now residing at _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> (Address) (City) (State) </div>	
who is related to the person named on Part I as , _____ and who on oath deposes and <div style="text-align: right; margin-left: 300px;">(Relationship)</div>	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Applicant Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____	
<i>(Personalized Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

WARNING: Falsification by making a false entry on this application and affidavit is a Class A Misdemeanor with punishment including a substantial fine and jail time. Falsification with the intent to defraud or harm another person is punishable up to and including a State Jail Felony. Texas Penal Code §37.10. Falsification could also include prosecution under Federal Law.

**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID
 PHOTO ID TO: Taylor County Clerk
 300 Oak Street, Suite 100
 Abilene, Texas, 79602**

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