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CAMERON COUNTY CLERK  
VITAL STATISTICS DEPT.  
PH (956) 544-0817 FAX (956) 550-1322

**APPLICATION FOR CERTIFIED COPY OF  
MILITARY DISCHARGE FORM (DD-214)**

NUMBER OF COPIES REQUESTED \_\_\_\_\_

**PLEASE PRINT**

**VETERAN'S INFORMATION**

<b>1. FULL NAME OF PERSON ON RECORD</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>
<b>2. DATE OF DISCHARGE</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>
<b>3. GENDER</b>			
<b>4. DATE OF BIRTH</b>	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>
<b>5. DATE OF SERVICE</b>	<b>YEAR (S)</b>	<b>BRANCH OF SERVICE</b>	
<b>CITY/COUNTY/STATE</b>			

6. REQUESTOR'S NAME: \_\_\_\_\_

7. TELEPHONE : ( ) \_\_\_\_\_ (Monday-Friday 8:00am - 5:00 pm)

8. MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_

10. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

11. IDENTIFYING INFORMATION FOR DISCHARGE RECORD: ID#: \_\_\_\_\_

12. IF COPY IS TO BE MAILED TO SOME OTHER PERSON, PLEASE COMPLETE: \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**FOR OFFICE USE ONLY**

VOLUME: \_\_\_\_\_  
PAGE: \_\_\_\_\_  
CERTIFICATE # \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_  
BY DEPUTY: \_\_\_\_\_