REQUEST FOR COPY OF MILITARY DISCHARGE FORM

		SCHLEICHER CO	UNTY			
Number of copies re	equested					
		Please Prin	t			
VETERANS INFO	PRMATION					
1. Full Name of Person on reco	First Name	Middle Init	ial	Last Name		
2. Date of Dischar	rge Month	Day	Year	3. Gender		
4. Date of Birth	Month	Day	Year	City/County/State		
5. Social Security (if known)	#		<u> </u>			
6. Requestor's l	Name					
	()			_(Mon-Fri 8:00 A.M.	- 5:00 P.M.)	
	ress:STREET ADDI	RESS	CITY	STATE	ZIP	
	to person named in item1					
	formation for discharge r					
	e mailed to some other p					
	Name Street A City State _			Zip Code		
Signature of Applicant				Date of Application)n	
		Office Use On	ly			

Certificate #

By_

Vol/Page ____

Date _____