



## Alison Haley, Midland County Clerk

### Certified Copy of

### MILITARY DISCHARGE RECORD

(Copia certificada de la Aprobación de Servicio Militar)

Note: This office can only issue a certified copy of record if DD214 is/was previously submitted for recording.  
(Esta oficina sólo pueda emitir una copia certificada del registro sólo si la forma DD214 es/fue presentado previamente para grabación.)

PLEASE PRINT

Quantity:

No Fee Charged

#### MILITARY DISCHARGE INFORMATION

Full Name of Discharge (Nombre de Miembro): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First (Primer)

Middle (Segundo)

Last (Apellido)

Date of Discharge (Fecha de Aprobación): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month (Mes)

Day (Dia)

Year (Año)

Date of Birth (Fecha de Nacimiento): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month (Mes)

Day (Dia)

Year (Año)

#### QUALIFIED APPLICANTS INFORMATION (Self or Immediate Family Member)

Your Name (Su Nombre): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First (Primer)

Middle (Segundo)

Last (Apellido)

Your Mailing Address (Su Dirección): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City (Ciudad)

State (Estado)

Zip (Codigo)

Your Relationship to Military Member (Su Relación al Miembro Militar): \_\_\_\_\_

Your Phone # (# Teléfono): \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your Signature (Su Firma): \_\_\_\_\_ Date (Fecha): \_\_\_\_\_

#### OFFICE USE ONLY (Do Not Write Below)

Instrument #: \_\_\_\_\_ Volume/Page: \_\_\_\_\_

Identification Type and Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Deputy: \_\_\_\_\_

500 N Loraine 4<sup>th</sup> Floor

Midland, Texas 79701

Phone: 432.688.4401 / Fax: 432.688.4925

Email: [AHaley@mcounty.com](mailto:AHaley@mcounty.com)

Website: [www.co.midland.tx.us](http://www.co.midland.tx.us)

# Notarized Proof of Identification for certified copy of DD214

## PART I. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

\_\_\_\_\_  
NAME OF PERSON ON MILITARY DISCHARGE RECORD

\_\_\_\_\_  
NAME AND RELATIONSHIP TO PERSON ON RECORD

\_\_\_\_\_  
TYPE AND NUMBER OF PHOTO ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

### PART II. 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) (Zip)

Who is related to the person named on Part I as \_\_\_\_\_ and who on oath deposes  
(Relationship)

and says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Please place notary stamp in space below)

\_\_\_\_\_  
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 \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**MAIL THIS SWORN STATEMENT, APPLICATION, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
MIDLAND COUNTY CLERK, VITAL RECORDS  
PO BOX 1350, MIDLAND, TEXAS 79702**

**\*APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED**