REQUESTED BY: _____ DATE: _____.

COUNTY OF WEBB

COUNTY CLERK'S OFFICE
MARGIE RAMIREZ IBARRA, COUNTY CLERK
1110 VICTORIA, SUITE 201
LAREDO, TEXAS 78040

DISCHARGE (DD-214) APPLICATION

There is no fee for a certified copy of a Discharge (DD-214) form.

PERSONAL INFORMATION

1. NAME _____ 2. SEX _____
(Nombre) Given Name(s)

2. DATE OF BIRTH _____
(FECHA) Month (Mes) Day (Dia) Year (Ano)

3. PLACE OF BIRTH _____
(Lugar) City or Town County

4. SOCIAL SECURITY NUMBER _____
(Numero De Seguro Social)

5. DATE OF DISCHARGE _____
(Fecha de Retiro)

RELATION TO PERSON

6. I AM RELATED TO THE PERSON AS _____
(Parentezco)

7. MY PURPOSE IN OBTAINING THE COPY IS _____
(Proposito de Solicitud)

8. NUMBER OF CERTIFIED COPIES _____

FOR OFFICE USE ONLY	
DATE:	
VOLUME:	PAGE:
PROCESSED BY:	

APPLICANT
SIGNATURE: (Firma)
STREET (Domicilio)
CITY / STATE: (Ciudad, Estado)