



ANGELINA COUNTY
AMY FINCHER, COUNTY CLERK

215 E Lufkin Ave
Lufkin, Texas 75902-0908
P 936-634-8339

APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

Full Name of Person on Record: _____

Date of Discharge: _____

Date of Birth: _____

Number of Copies Requested (No Fee): _____

Requestor's Information:

Your Name: _____ Phone Number: _____

Address: _____

Signature _____ Date: _____

Please check the one that applies to you:

- I am the veteran.
- I am the legal guardian of the veteran. (Must have certified documentation)
- I am the spouse, child or parent of the veteran.
- There is no living spouse, child or parent of the veteran and I am the nearest living relative of the veteran.
- I am the personal representative of the estate of the veteran. (Must have certified documentation)
- I am the person named by the veteran, legal guardian of the veteran, spouse, child or parent of the veteran in an appropriate power of attorney executed in accordance with Section 490, Chapter XII, Texas Estates Code. (Must have certified documentation)
- I am an employee of another governmental body. (Must show employee I.D.)

To receive by mail please send this application and copy of ID to:

Angelina County Clerk
P.O. Box 908
Lufkin, TX 75902