



**Ruth Sisson**

**Lamar County Clerk**

**903-737-2420 Office | 903-782-1100 Fax**

**REQUEST FOR COPY OF CERTIFICATE OF DISCHARGE (DD-214)**

<b>Identify DD-214 Record Information (Part I)</b>			
<b>Full Name of Person on Record</b>			
First:	Middle:	Last:	
Branch of Service:		Date of Discharge:	
<b>Applicants Information (Part II)</b>			
Applicants Name:			Phone #:
Street Address:	City:	State:	Zip:
Relationship to Person:		Proof of ID:	
Purpose for Obtaining Record:			
Signature:			Date:
<b>AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)</b>			
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)			
now residing at _____ (Address) (City) (State)			
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this (Relationship) affidavit are true and correct.			
The applicant presented the following type and number of identification: _____			
Applicant Signature _____			
(Seal)	Sworn to and subscribed before me, this ____ day of ____, 20 ____.		
	Signature of Notary Public and Notary ID Number _____		
	Typed or Printed Name: _____		
	Commission Expires: _____		
	Street Address: _____		
	City, State, 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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

**Please complete this form and provide a valid photocopy of your Driver's License or State ID.**

**Request can be mailed to:  
Lamar County Clerk  
119 N. Main ST. Paris, TX 75460**