

**THERESA A. ROBICHAUX
TERREBONNE PARISH CLERK OF COURT
7856 MAIN ST., HOUMA, LA 70360
P. O. BOX 1569, HOUMA, LA 70361-1569**

**APPLICATION FOR COPY OF VETERAN'S
DISCHARGE (DD-214) RECORD**

Please provide the following information where applicable.

Name of Veteran (First, Middle, Last)

Date of Birth

Date of Death

Sex

Date of Discharge

Social Security Number

Branch of Service

HOW ARE YOU RELATED TO THE PERSON WHOSE RECORD YOU ARE REQUESTING?

***** DO NOT FILL OUT ANY INFORMATION OR SIGN BELOW THIS LINE *****

I hereby certify that the above information provided is true and correct to the best of my knowledge.

Print Name of Applicant

Signature of Applicant

Sworn to and subscribed before me, the undersigned notary, this _____ day of _____, 20_____.

NOTARY PUBLIC/EX-OFFICIO NOTARY PUBLIC AND/OR
DEPUTY CLERK OF COURT, TERREBONNE PARISH, LA

Identification Provided by Veteran/Applicant:

_____ Personal knowledge by notary of Veteran or Applicant

_____ Applicant's driver's license or state-issued photo ID

_____ Death Certificate or Affidavit of Death of Veteran

_____ Judgment of Possession/Appointment of Executor

_____ Marriage License

_____ Other _____

(veteran's card; veteran's driver's license; veteran's social security card)