



SHARON FERGUSON, BROWN COUNTY CLERK

200 SOUTH BROADWAY, ROOM 101

BROWNWOOD, TEXAS 76801

Phone: 325-643-2594

**APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE
RECORD (NO CHARGE)**

Full Name: _____

Date of Discharge: _____

Purpose for Obtaining this Record: _____

Number of Copies: _____

Relationship to the Person: _____

Applicant's Signature: _____

Telephone Number: _____ **Date:** _____

Applicant's Mailing Address: _____

Please send copy of some form of State issued ID/Driver's License

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE
STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A
FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER
195, SECTION 195.003)**