

APPLICATION BY MAIL – VETERAN’S DD-214

Gray County Clerk, P.O. Box 1902, Pampa, TX 79066
806-669-8004

NO APPLICATION FEE

| INSTRUCTIONS | | COPIES REQUESTED | |
|--|-------|--|---------------|
| Complete this form and return with a copy of applicant’s driver’s license or other government issued identification to the address listed above. | | Quantity Requested: _____ | |
| INFORMATION ABOUT VETERAN - PLEASE TYPE OR PRINT LEGIBLY | | | |
| NAME | FIRST | MIDDLE | LAST |
| DATE OF BIRTH | MONTH | DAY | YEAR |
| PERSON REQUESTING DD-214 | | | |
| RELATIONSHIP TO VETERAN (self, spouse, parent, child, guardian, etc.) | | | |
| IF YOU ARE NOT THE VETERAN – PLEASE LIST PURPOSE FOR REQUEST. (Estate, Burial, Insurance, Other, etc.) | | | |
| PRINTED NAME OF APPLICANT | | | |
| ADDRESS OF APPLICANT | | | |
| STREET ADDRESS, CITY, STATE, ZIP | | | |
| SIGNATURE OF APPLICANT | | PHONE NUMBER | DATE |
| IF YOU WANT THE DD-214 MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION | | WARNING: Applicants must include the notarized proof of identification on page 2. | |
| NAME | | DO NOT WRITE IN THIS SPACE | |
| STREET ADDRESS | | CLERK: _____ | |
| CITY | STATE | ZIP | DD-214: _____ |

According to Texas Government Code 552.140 – those eligible for a copy of a military discharge are: the veteran, legal guardian, spouse, child, parent, - if no spouse, child or parent – the nearest living relative, personal representative of the estate of the veteran, power of attorney, another governmental body, authorized representative of the funeral home assisting in the burial of the veteran.

DD-214
NOTARIZED PROOF OF IDENTIFICATION

| Part 1. ENTER NAME AND DATE OF BIRTH AS IT APPEARS ON DD-14 APPLICATION | |
|--|--|
| FULL NAME OF PERSON ON RECORD | DATE OF BIRTH |
| | |
| Part 2. ENTER RELATIONSHIP TO VETERAN AND THE TYPE OF ID USED | |
| NAME AND RELATIONSHIP TO VETERAN | ID NUMBER AND TYPE ACCEPTED WHEN NOTARIZED |
| | |

AFFADAVIT OF PERSONAL KNOWLEDGE

| Part 3. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC |
|--|
| STATE OF _____ |
| COUNTY OF _____ |
| Before me on this day appeared _____ |
| now residing at _____ |
| who is related to the person named on Part 1 as _____ and who on (Relationship) |
| oath deposes and says that the contents of this affidavit and application for DD-214 signed by me and that the statements are true and correct. |
| Applicant Signature _____ |
| Sworn to and subscribed before me, this _____ day of _____, 20__ |
| _____ SIGNATURE OF NOTARY PUBLIC |
| _____ COMMISSION EXPIRES |

WARNING: IT IS A FELONY TO FALSIFY INFORMATIN 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 IN THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**MAIL THE APPLICATION, SWORN STATEMENT, AND A COPY OF YOUR VALID PHOTO ID TO:
GRAY COUNTY CLERK, P.O. BOX 1902, PAMPA, TX 79065**

APPLICATIONS WITHOUT PHOTO ID AND THIS NOTARIZED STATEMENT WILL NOT BE PROCESSED.