

Veteran's Discharge Removal from Official Record

Date: _____

Name of Veteran: _____

Identification presented: _____

Phone Number: (optional): _____

Relationship to Veteran: _____

- Self
- Widow/widower
- Attorney, specify
- Personal Representative

For redaction/removal of Veteran discharge from the Official Records of Franklin County, please provide:

Instrument Number: _____ Book and Page Number: _____

Signature

Removal of the document from the Official Record will be permanent and irreversible. Therefore, it would be wise for any requesting individual to obtain a certified copy of the discharge document before removal is effected.

For Office Use only:
Date Request Received: _____
Date Request Completed: _____
Clerk Initials: _____