

**LAURA H. CULPEPPER
JACKSON PARISH CLERK OF COURT
P.O. BOX 730
JONESBORO, LA 71251**

**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?** _____

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, JACKSON 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)