

REQUEST FOR REMOVAL OF MILITARY DISCHARGE

Name of Veteran: _____

Identification Presented: _____

Relationship to Veteran:

Self

Widow/widower of Veteran _____

Attorney of Veteran, specify _____

Personal representative of the Estate of Veteran _____

Executor of the Estate of Veteran _____

Guardian of Veteran _____

Form (choose all to be removed):

DD214

WD AGO 53

DD215

WD AGO 55

NAVMC 78-PD

WD AGO 53-55

NAVPERS 553

Discharge is recorded in Official Record Book _____ PG _____

Miscellaneous Book _____ PG _____

Soldier/Sailor Discharge Book _____ PG _____

Pursuant to Florida Statute 28.2221(5)(b), DD-214 (Military Discharge Certificates), that have been recorded in the Official Records and have been posted on the Indian River County Clerk's website, may be removed from the website by Clerk personnel at the citizen's request.

Removal of the document described above is PERMANENT and no further record will exist in the office of the Clerk of Court, Indian River County. Therefore, it would be wise for any requesting individual to obtain certified copies of the discharge document before removal is effected.

I request the permanent removal of the Military Discharge identified above.

Date ____/____/____

For Clerk's Office Use Only:

Date Request Received: ____/____/____

Date Request Completed: ____/____/____

Clerk Initials _____