LILA DEAKLE

County Clerk
Parker County, Texas

Request for certified copy(s) of DD214

PLEASE PRINT

VETERAN'S INFORMATION:

1. Full Name	First Name	Middle Name	Last Name
2. Date of Discharge	Month	Day Year	Gender
3. Date of Birth	Month	Day Year	City/Country/State

5. Requestors Name:_____

6. Telephone Number:_____

7. Mailing Adress:_____
Street Address City State

8. Relationship to person in line 1:_____

9. Purpose for obtaining this record:_____

10. Identifying information for discharge record: ID#:_____

11. If copy is to be mailed, please complete:

Name:_____ Address:_____

City:_____ State:_____ Zip Code:_____

_____ _____
Signature Date

OFFICE USE ONLY

Vol/Page _____ Certificate # _____

Date Issued _____ By _____

* MUST PRESENT A VALID PHOTO ID*

REV 6/2026