

REMOVAL OF MILITARY DISCHARGE

Per Chapter 119, Florida Statutes, request for removal must be made in person.

This is to certify that my name, address, and phone number is:

Time Stamp Here

(Name)

(Street)

(City/State/Zip)

(Phone)

I am the

Veteran Widow/Widower

Other _____
Veteran's Attorney, legal Guardian, personal representative, executor
(Documents presented: _____)

I have recorded my discharge from the United States Armed Forces and it appears in your records in Official Records Book _____ Page _____ in the Public Records of Brevard County.

I request the removal of my discharge and **I am aware that the removal is permanent.**
I understand that confirmation of the removal will be mailed to the address shown above.

Signature of Veteran (or person applying)

Types of identification presented:

Driver's License Other _____

Clerk's Use Only

Intake Clerk: _____

Redacting Clerk: _____

Date confirmation mailed: _____