

Request for Removal of Military Discharge or Redaction of Social Security Number From a Military Discharge

1. Full Name of Veteran: _____
2. Name of Person Making Request: _____
3. If not the Veteran making the Request, identify the legal relationship that entitles the Person Making Request to make the Request: (check one)
 - a. Surviving Spouse _____
 - b. Attorney-in-Fact _____
 - c. Person Representative _____
 - d. Court Appointed Guardian _____
4. Check (a) or (b):
 - (a) Request Removal of Military Discharge Record _____
 - (b) Request Redaction of social security identification number on Military Discharge Record (if practicable) _____
5. Type of Military Discharge Record _____
6. Book and Page Number or other Reference identifying where the Military Discharge Record is recorded in the Wilson County Register's office:
Book _____ Page _____
7. Signature of Person Making Request:
_____ Date _____

State of Tennessee

County of _____

Personally appeared before me, _____, the within named _____, with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence) and who acknowledges that such person executed the within instrument for the purpose of making a request of the Register of Deeds of _____ County, Tennessee, to remove a military discharge record or redact a social security identification number from a military discharge record, excepting microfilm records.

Witness my hand this _____ day of _____, 20__.

Signature