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) The legal guardian of the veteran ____________________________________
   (b) The spouse or a child or parent of the veteran or, if there is no living spouse, child, or parent, the nearest living relative of the veteran:
       _____________________________________________________________
   (c) The personal representative of the estate of the veteran:
       _____________________________________________________________
   (d) Attorney-in-fact _____________________________________________
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 __________ county register's office:
   Book No. ________ Page No. ________________ or ________ No. ____________
7. Signature of person making request: ________________________________
Personally appeared before me, _________________________ (person duly authorized to take acknowledgments in [__________________] county), 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 ___.

________________________________________
Print Name of Person Taking Acknowledgment

________________________________________
Signature

[Space for Seal of Office]