

**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: _____

STATE OF TENNESSEE

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COUNTY OF _____

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]