## SAN LUIS OBISPO OFFICE OF THE COUNTY RECORDER COPY REQUEST FOR MILITARY DISCHARGE RECORD

## A certified copy may only be available to one of the following. Photo Identification is required. If not presented in person a Notary Acknowledgment must be attached. Government Code §6107.

|  | on who is the subject of | the record.         |                |  |              |
|--|--------------------------|---------------------|----------------|--|--------------|
| 🗌 A family r   | nember.                  |                     |                |  |              |
| A legal re   | presentative of the pers | on who is the subje | ct of the reco | rd.  |              |
| 1. NAME ON REC   | ORD:                     |                     |                |  |              |
|  | FIRST                    |                     | MIDDLE         | LAST   |              |
| 2. YEAR DOCUME   | NT WAS PRESENTED FO      | R RECORDING:        |                |  |              |
| 3. REQUESTED BY  | /:                       |                     |                |  |              |
|  | FULL NAME                |                     |                |  |              |
| 4. RELATIONSHIP  | TO RECORD NAME:          |                     |                |  |              |
| 5. PHOTO IDENTI  | FICATION:                |                     |                |  |              |
| 6. NUMBER OF C   | OPIES REQUESTED:         |                     |                |  |              |
| ABOVE AND DEC  | LARE IT TO BE TRUE.      |                     |                | -  | AVE READ THE |
| ABOVE AND DEC  |                          | <br>DATE PL         | ACE            | -  |              |
| SIGNATURE  | BE MAILED, PLEASE E      |                     |                | STAMPED ENVELOPE AN  |              |
| SIGNATURE<br>IF COPY IS TO   | BE MAILED, PLEASE E      |                     |                |  |              |
| SIGNATURE<br>IF COPY IS TO<br>INFORMATION BE   | BE MAILED, PLEASE E      |                     |                |  |              |
| SIGNATURE<br>IF COPY IS TO<br>INFORMATION BE<br>NAME                                       | BE MAILED, PLEASE E      |                     |                |  |              |
| SIGNATURE<br>IF COPY IS TO<br>INFORMATION BE<br>NAME<br>STREET ADDRESS<br>CITY, STATE, ZIP | BE MAILED, PLEASE E      | ENCLOSE A SELF      | ADDRESSED      | STAMPED ENVELOPE AN<br>-<br>-<br>-<br>one Number: (805) 781-50 | ID COMPLETE  |