

Veteran's Discharge Removal From the Official Record IN WAKULLA COUNTY

F.S. 295.186

Date:

Name of Veteran:

Identification presented:

Relationship to Veteran:

- Self
- Widow/widower
- Attorney, specify
- Personal representative :

For redaction/removal of Veteran discharge from the Official Records of Wakulla County,
please provide:

Book Number _____, Page Number _____ **OR**, Instrument Number _____

_____/_____
Signature Print Name

***Removal of the document from the Official Record will be permanent and irreversible.
Therefore, it would be wise for any requesting individual to obtain a certified copy of the
discharge document before removal is affected.***

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___
online notarization, this ___ day of _____, 20__ by _____
who is personally known to me or has produced _____ as identification and
who did/did not take an oath.

Notary Public

For Office use only:

Date Request Received: (Seal)

Date Request Completed:

Clerk Initials: