Print Application Clear Form

NO FEE

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. Government Code §6107.

☐ The person who is the subject of the record.

☐ A family member.

☐ A legal representative of the person who is the subject of the record.

1. NAME ON RECORD: _____
   FIRST MIDDLE LAST

2. YEAR DOCUMENT WAS PRESENTED FOR RECORDING: _____

3. REQUESTED BY: _____
   FULL NAME

4. RELATIONSHIP TO RECORD NAME: _____

5. PHOTO IDENTIFICATION: _____

I HEREBY STATE THAT I AM THE PARTY OF RECORD OR ARE BENEFICIALLY INTERESTED IN THE RECORD I HAVE REQUESTED. THIS REQUEST IS NOT BASED ON ANY MALICIOUS INTENT NOR IS IT THE GRATIFY IDLE CURIOSITY. BY SIGNING THE REQUEST BELOW, I STATE UNDER PENALTY OF PERJURY THAT I HAVE READ THE ABOVE AND DECLARE IT TO BE TRUE.

_____ _____ _____
SIGNATURE DATE PLACE

.....

IF COPY IS TO BE MAILED, PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE AND COMPLETE INFORMATION BELOW.

_____
NAME

_____
STREET ADDRESS

_____
CITY, STATE, ZIP

Mail Request to: San Luis Obispo County Clerk-Recorder
1055 Monterey St., Room D120
San Luis Obispo, CA. 93408

Contact Phone Number: (805) 781-5080 or Fax: (805) 781-1111

OFFICE USE ONLY DATE:_____ VOL/PAGE: _____ CLERK INITALS: