

## Request for Permanent Removal of Military Separation Document

F.S. 295.186

Date: \_\_\_\_\_

Name of Veteran: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Type of Identification Provided: \_\_\_\_\_

Phone Number: (Optional) \_\_\_\_\_

Relationship to Veteran:

- ☐ Self
- ☐ Widow or Widower
- ☐ Attorney, specify \_\_\_\_\_
- ☐ Personal Representative
- ☐ Executor
- ☐ Court Appointed Guardian

For Permanent Redaction/Removal of Separation from Military Service Document from the Official Records pursuant to F.S.295.186, please provide Instrument Number/Book and Page Number below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For Office Use Only:

Date Request Received: \_\_\_\_\_

Date Request Completed: \_\_\_\_\_

Clerk Processing Request: \_\_\_\_\_