

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:

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____