



**ERNIE LEE MAGAHA
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA**

**Request for Permanent Removal
of Military Discharge Recorded in Official Records
pursuant to Section 119.07, F.S.**

NOTE: This request *must* be made in person.

Date: _____

Requestor's Name: _____

Address: _____

Phone Number _____

Veteran's Name: _____

Requestor's Relationship to Veteran: [] Self [] Widow/Widower

[] Attorney, specify _____

[] Personal Representative, specify _____

[] Executor, specify _____

[] Court Appointed Guardian _____

Identification of Requestor Provided: _____

Type of Military Discharge Document: [] DD-214 [] DD-215 [] WD AGO 53
[] WD AGO 55 [] WD AGO 53-55 [] NAVMC 78-PD [] NAVPERS 553

For Removing this Military Discharge from Official Records, please provide the following information

Instrument Number	Official Records Book/Page	Document Type

I understand that once my request for removal of this military discharge document from the Official Records of Escambia County is implemented, there will no longer be any record of the removed document in the Official Records and such process will be permanent and irreversible. The document will be "unrecorded" and no copies will be available for purchase.

Signature: _____

For Office Use Only:

Date Request Received: _____

Date Request Completed: _____

Clerk Processing Request: _____