



**PAM CHILDERS  
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: \_\_\_\_\_

Submit

**For Office Use Only:**

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

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

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