

**REQUEST FOR REMOVAL OF MILITARY SEPARATION
DOCUMENT FROM OFFICIAL RECORDS OF
HILLSBOROUGH COUNTY**

Date of Request: _____

Name of Veteran: _____

Name of Requester: _____

Address of Requester: _____

Phone Number (Optional): _____

Requester's Relationship to Veteran:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Widow or Widower |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Personal Representative |
| <input type="checkbox"/> Executor | <input type="checkbox"/> 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# _____ Book# _____ Page# _____

The above identified individual appeared in person to request the permanent removal of the above stated military separation form as provided for in F.S. 295.186 and hereby acknowledges that he/she was informed as follows:

Once the Request for removal of the above identified military separation form has been implemented, there will no longer be any record of the removed document in the Official Records of Hillsborough County and such process will be permanent and irreversible. You may want to obtain as many certified copies of your separation document as you might need for the future before your request for removal makes this permanently impossible.

Signature of Requestor

Printed Name

For Office Use Only

Date Request Received: _____ Date Request Completed: _____

Received by: _____ Deputy Clerk

Type of Identification Provided: _____