

**Request Form for Permanent Removal of Military document(s) from
Official Records of Hernando County**

Date: _____

Name of Veteran: _____

Name of Requestor: _____

Type of Identification Provided: _____

Phone Number (optional): _____

Relationship to Veteran:

- _____ Self
- _____ Attorney, specify
- _____ Court appointed Guardian, specify
- _____ Personal Representative, specify
- _____ Executor, specify
- _____ Widow or Widower

For Permanent Redaction/Removal of Separation from Military Service document(s) from the Official Record's of Hernando County pursuant to 2002 SB 24-E, please provide:

Instrument Number / Book and Page Number

Signature: _____

Submit completed form to:

Hernando County, Clerk of Court
Recording Division RM# 362
Attn: Patricia A. Galbraith
20 North Main Street, Brooksville, Fl. 34601

For Office Use Only:

Date Request Received: _____

Notice requirement provided to Requestor _____ By: _____ Deputy Clerk

Date Request Completed: _____

Clerk Processing Request: _____ Verified by: _____ (Supervisor)