



John A. Crawford
Clerk of the Circuit Court
Nassau County



Request Form for Permanent Removal of Separation Document

Date: _____

Name of Veteran: _____

Name of Requester: _____

Type of Identification Provided: _____

Phone Number: (optional) _____

Relationship to Veteran:

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Personal Representative, specify |
| <input type="checkbox"/> Widow or Widower | <input type="checkbox"/> Executor, specify |
| <input type="checkbox"/> Attorney, specify | <input type="checkbox"/> Court Appointed Guardian, specify |

For Permanent Redaction/Removal of Separation from Military Service Document from the Official Records pursuant to SB 24-E, please provide:

Instrument Number/Book and Page Number

For Office Use Only:

Date Requested: _____

Date Request Completed: _____

Clerk Processing Request: _____