

**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: \_\_\_\_\_