

**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)