

## PETER ALDANA COUNTY OF RIVERSIDE ASSESSOR-COUNTY CLERK-RECORDER

**Assessor** (951) 955-6200

County Clerk-Recorder (951) 486-7000

Mailing Address P.O. Box 751 Riverside, CA 92502-0751 www.rivcoacr.org

## Official Record Special Handling Request

| Request - Military Discharge Record to Non-Public Index  |   |
|--|---|
| Date of Recording:   |   |
| Document Number:   |   |
| I am:  |   |
| ☐ The person who is the subject of the military discharge document. ☐ A child, parent, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the military discharge record. |   |
| ☐ A legal representative of the person who is the subject of the military discharge document.  |   |
| A county office that provides veterans' benefits.  |   |
| A United States Official.  |   |
| Request – Official Record Index Correction   |   |
| Date of Recording:  Document Number:   |   |
| Type of Update:  |   |
| ☐ Title ☐ Name   |   |
| From:  | To:   |
| Request – Social Security Redaction on an Official Record  |   |
| Date of Recording:   |   |
| Document Number:   |   |
| Page Number where SSN is located:  |   |
| Requested By:  | Complete only for Non-Public Index Request  |
| (Name)   | I, swear or affirm under penalty of perjury that I am an authorized                           |
| (Street Address)   | person, as identified in Government Code<br>Section 6107 (b), eligible to receive a certified |
| (City/State/Zip)   | copy of a Military Discharge identified on this application form.                             |
| (Phone)  | Sworn:, at(City, State)   |
| (Email Address)  | (Date) (City, State) Signature:   |
| (Date of Request)  | Signature.  |
| For Office Use Only  |   |
| Completed by: Date Completed: Date Customer Notified:  |   |