

MONROE COUNTY CLERK OF COURT

500 WHITEHEAD ST.

KEY WEST, FL 33040

**REQUEST FORM FOR PERMANENT OFFICIAL
RECORD REMOVAL PER SB 24-E**

Date: _____

Requester's Name: _____

Identification Used:

Driver License

Picture ID

Personally Known, Clerk's Initials _____

Contact Phone Number: _____

Mailing Address: _____

For Removal of Official Record Images-Military Discharges

DD-214

DD-215

WW AGO 53-55

WD AGO 53

WD AGO 55

NAVMC 78-PD

NAVPERS 553

Instrument Number/Book and Page Number/Document Type

Signature _____

For Office Use Only:

Date Request Received ✓ _____

Date Forwarded to Office _____

Date Request Completed _____

Date Processing Request _____

Date Notice of Removal Mailed _____

Copy to _____

Copy to _____

Copy to _____

Copy to _____