



**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.riversideacr.com](http://www.riversideacr.com)  
[www.riversidetaxinfo.com](http://www.riversidetaxinfo.com)

**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:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Date of Request)

**Complete only for Non-Public Index Request**

I, \_\_\_\_\_ swear or affirm under penalty of perjury that I am an authorized person, as identified in Government Code Section 6107 (b), eligible to receive a certified copy of a Military Discharge identified on this application form.

Sworn: \_\_\_\_\_, at \_\_\_\_\_  
(Date) (City, State)

Signature: \_\_\_\_\_

**For Office Use Only**

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Date Customer Notified: \_\_\_\_\_