

**CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA**

**Request for Removal of Military Separation Forms
from the Official Records
(Pursuant to Florida Statutes 119.07)**

Name of Requestor: _____

Widow Personal Representative Guardian Attorney

AS A REQUESTOR, I UNDERSTAND THAT THE REMOVAL OF THIS DOCUMENT FROM THE OFFICIAL RECORDS IS PERMANENT AND NO FURTHER RECORD WILL EXIST IN THE OFFICIAL RECORDS OF SARASOTA COUNTY. (NOTE: THIS REQUEST REQUIRES THE REQUESTOR TO APPEAR IN PERSON WITH IDENTIFICATION.)

Contact Information:

Address: _____

Phone: _____

Name of Veteran: _____

Official Records Instrument Number: _____

Book and Page Number (if applicable): _____

FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN AN INABILITY TO PROCESS THIS REQUEST.

DISCLAIMER: Be advised your request is not retrospective; copies of the Public Record may have been disseminated prior to your request. It is the responsibility of the requestor to notify the Office of the Clerk of the Circuit Court of any additional or future documents the requestor desires exempt status.

Signature

Date

FOR OFFICE USE ONLY:

Request No. _____ Received by: _____ Date: _____

Documents Prepared by: _____

Media	Distribution: Sent to Date:	Processed: Sign & Date	Received: Records Management
Case Management			
Official Records			
Paper			
Microforms			
Internet			
Original to Records Manager	Completed:		