



Willis E. Blackshear
MONTGOMERY COUNTY RECORDER

451 W. Third Street • Dayton, Ohio 45422
937.225.4275 • 937.225.5980 (Fax)

APPLICATION FOR EXPUNGEMENT OF DISCHARGE RECORD

Name: _____
(First) (MI) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____ Fax: _____
(Area Code) (Phone Number) (Area Code) (Phone Number)

E-mail: _____

I, _____

the undersigned, hereby request the County Recorder of the County of Montgomery, State of Ohio,
to expunge my _____
(Insert either Record of Discharge or Separation Program Number)

Dated this _____ day of _____, 20 _____

Signature of Applicant

Sworn to and subscribed before me by:

_____ on _____, 20 _____
(Name of Applicant)

Notary Public _____

My commission expires:

_____, 20 _____