



**BRANDON C. McCLAIN**

**Montgomery County Recorder**

451 West Third Street  
Dayton, Ohio 45422-1387

[www.mcohio.org](http://www.mcohio.org)

937/225-4275  
Fax 937/225-5980

[www.mcrecorder.org](http://www.mcrecorder.org)

**APPLICATION FOR EXPUNGEMENT OF DISCHARGE RECORD**

Name: \_\_\_\_\_  
(First) (MI) (Last)

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

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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)

My commission expires:

\_\_\_\_\_, 20\_\_\_\_\_.