Oneida County Clerk Veteran ID Application Date_____

_____, _____ _____
Last Name First Name M.I.

Permanent Address : _____
street

_____, _____, _____
city state zip code

Mailing Address if different : _____

Phone Number (_____) _____-_____
area code

1. Discharge Date _____
2. Department, Component and Branch or class _____
3. Grade, Rate or Rank _____

Office Use Only:
Inst # _____ Filed: _____ Book: _____Page #: _____ ID Issued _____ Completed by _____