



LORI KENNEDY

Montgomery County Recorder

451 West Third Street
Dayton, Ohio 45422-1387

www.mcohio.org

937/225-4275
Fax 937/225-5980

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_____.