



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:

(Name of Applicant) on _____, 20_____.

My commission expires:

, 20_____.