

APPLICATION FOR A CERTIFIED COPY OF A DD-214



NUMBER OF COPIES REQUESTED: _____

MILITARY DISCHARGE (DD-214) INFORMATION:

Name of Veteran: _____
First Middle Last

APPLICANT INFORMATION:
Name: _____
First Middle Last
Address: _____
Number and Street City State Zip Code
Mailing Address (If different from above): _____
Number and Street City State Zip Code
Telephone Number: (_____) _____

To obtain a Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please indicate under which of the following categories you are authorized: (If category A or B and this request is submitted by mail or fax, attach a legible copy of ID and proof documentation described below)

- A) Person (Veteran) who is subject of the record (photo ID required)
- B) Family member or legal representative of person who is subject of the record (must present proper photo ID and certification of relationship such as: Military Dependent ID, court order, retainer agreement, or other acceptable proof)
- C) County office that provides veteran's benefits services
- D) United States Government Official

I, _____ swear under penalty of perjury that I am an authorized
(Printed Name)
person defined in California Government Code Section 6107(b)(1) and am eligible to receive a certified copy of the military record identified on this application form. Sworn this _____ day of _____, _____. Signature _____

THIS SECTION MUST BE COMPLETED FOR REQUESTS MADE BY MAIL

Certificate of Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____
On _____ before me, _____ personally appeared _____
proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/their executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California the foregoing paragraph is true and correct.
WITNESS my hand and official seal

Notary Signature (seal)

OFFICE USE ONLY: Receipt # _____ Doc # _____ Date: _____
Clerk: _____ Check # _____ Remarks: _____