## APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE (FORM DD-214)

Name of Veteran    First   Middle   Last	1	DD-214 Information:		Number of copies requested		
Applicant Information Name:		Name of Veteran				
Name: First Middle Last  Address Number and Street City State Zip Code  Mailing Address: It different from above Number and Street City State Zip Code  Telephone Number: (with area code) ( )		First	Middle		Last	
Address    Number and Street   City   State   Zip Code						
Address    Number and Street   City   State   Zip Code		Name:				
Mailing Address:  If different from above Number and Street City State Zip Code  Telephone Number: (with area code) ( )		First	Middle		Last	
Mailing Address:  If different from above Number and Street City State Zip Code  Telephone Number: (with area code) ( )		Address Number and Street	City	State	Zip Code	
If different from above Number and Street City State Zip Code  Telephone Number: (with area code) ( )	2	36 11 4 11				
Photo ID Type:		If different from above Number and Street	•		Zip Code	
To obtain Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below:    Person who is subject of the record.   Family member or legal representative of person who is subject of the record (must present proper Identification).   County office that provides veteran's benefits upon written request of that office.   United States Official upon written request of that official.   I, (printed name)		Telephone Number: (with area code) (	)			
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United States Official upon written request of that official.  I, (printed name)	3					
I, (printed name) swear under penalty of perjury that I am an authorized person, as defined in California Government Code Section 6107, and am eligible to receive a certified copy of the military discharge document identified on this application form. Sworn this day of, at						
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THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS  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.  Certificate of Acknowledgment Onbefore me,Notary Public, personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.  Signature (seal)	1					
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		WITNESS my hand and official seal.				
Office use only: Receipt#DateClerk		Signature			(seal)	
		Office use only: Receipt#	Date		Clerk	
Revised 6/6/2016 LLW						