



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

1	DD-214 Information:	Number of copies requested _____
Name of Veteran _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		

2	<p>Applicant Information</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> </p> <p>Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ <small>If different from above</small> <div style="display: flex; justify-content: space-between; font-size: small;"> Number and Street City State Zip Code </div> </p> <p>Telephone Number: (with area code) () _____</p> <p>Photo ID Type: _____ ID# _____</p>
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3	<p>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:</p> <p><input type="checkbox"/> Person who is subject of the record.</p> <p><input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper Identification).</p> <p><input type="checkbox"/> County office that provides veteran's benefits upon written request of that office.</p> <p><input type="checkbox"/> United States Official upon written request of that official.</p>
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4	<p>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 _____ Signature: _____</p>
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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.

5	<p>Certificate of Acknowledgment State of _____ County of _____</p> <p>On _____ before me, _____ Notary Public, personally appeared _____,</p> <p>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.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p> <p>Signature _____ (seal)</p>
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Office use only:	Receipt# _____	Date _____	Clerk _____
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Revised 6/6/2016 LLW