

APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE RECORD (DD 214)

Veteran's Military Discharge Information (please print or type):

First, middle, and last name of person who was discharged	Date of discharge	Date of recordation (if known)*
---	-------------------	---------------------------------

*If you do not know the exact recording date, an approximate year is acceptable.

Applicant Information:

First, middle, and last name of person requesting copies	Phone number (including area code)	# of copies requested
Applicant's address (street name and number, city, state, and Zip code)		
Delivery address (street name and number, city, state, and Zip code) if different than above		

Certified copies of a military discharge record (DD214) may only be issued to the following persons defined in section 6107(b) of the Government Code. Such persons, pursuant to section 27303.5 of the Government Code, may obtain a DD214 official record if a full social security number is required to receive benefits.

Please check the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> The person who is the subject of the record upon presentation of proper photo identification. | <input type="checkbox"/> A county office that provides veteran's benefits services upon written request of that office. |
| <input type="checkbox"/> A family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record. | <input type="checkbox"/> A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services. |
| <input type="checkbox"/> Full social security number required to receive benefits. | |

I, _____, declare under penalty of perjury under the laws of the State of California, that:
Printed Name of Applicant

I am an authorized person as defined in Government Code section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form and if box is checked above I require a copy with a full social security number to receive benefits.

Sworn to this _____ day of _____, _____ at _____, California.
Day Month Year

Signature of applicant: _____

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below:

CALIFORNIA ALL PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California
County of _____

On _____ before me, _____, personally appeared _____,
(Insert name and title of the officer)

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)