



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

<b>1</b>	<b>DD-214 Information:</b> _____ <b>Number of copies requested</b> _____
	Name of Veteran _____ First Middle Last
<b>2</b>	<b>Applicant Information</b>
	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: (with area code) ( ) _____
	Photo ID Type: _____ ID# _____
<b>3</b>	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.
<b>4</b>	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: _____
	<b><i>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</i></b>
	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.
<b>5</b>	<b>Certificate of Acknowledgment</b> State of _____ County of _____ On _____ before 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)
	<b>Office use only:</b> Receipt# _____ Date _____ Clerk _____
	Revised 6/6/2016 LLW