

APPLICATION FOR CERTIFIED COPY OF DD-214

1	<p>DD-214 Information: Number of copies requested: _____</p> <p>Name of Veteran _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p> <p>Year document recorded _____</p>
2	<p>Applicant Information:</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ If different than above Number and Street City State Zip Code</p> <p>Telephone Number: <u> () </u> _____ With Area Code</p> <p>Photo ID type: _____ ID # _____</p>
3	<p>To obtain a 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>
4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as <div style="text-align: center; margin-left: 100px;">Printed Name</div> defined in California Government Code Section 6107 and am eligible to receive a certified copy of the DD-214 identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____</p>
5	<p style="text-align: center;"><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></p> <p style="text-align: center;">Certificate of Acknowledgement</p> <p>State of _____) County of _____)</p> <p>On _____ before me, _____, personally appeared _____ who 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 executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Notary Signature</p> </div> <div style="width: 30%; text-align: right;"> <p>(seal)</p> </div> </div>
<p>Office use only: Receipt # _____ Date _____</p> <p>Clerk _____</p>	