

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; margin-top: 5px;"> First Middle Last </div>
2	Applicant Information Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div> Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Number and Street City State Zip Code </div> Mailing Address: _____ <small>If different from above</small> Number and Street City State Zip Code Telephone Number: (with area code) () _____ Photo I.D. Type: _____ I.D. #: _____
3	To obtain a Certified Copy of a DD-214 you must be authorized under Section 6107 of the Government Code. Please check appropriate box below: <input type="checkbox"/> Person who is the subject of the record <input type="checkbox"/> Family member or legal representative of person who is the subject of the record <input type="checkbox"/> County office that provides veteran's benefits <input type="checkbox"/> United States Official
4	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 (Form DD-214) identified on this application form. Sworn this _____ day of _____, _____, at _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Day Month Year City </div> Signature: _____
Office Use Only: Receipt #: _____ Paper #: _____ Date: _____ Clerk: _____ Check #: _____ M/O #: _____	