

APPLICATION FOR CERTIFIED COPY OF DD-214



Redacted Copy

1	DD-214 Information: Number of copies requested _____ Name of Veteran _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> First Middle Last </div>
2	Applicant Information Name: _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> First Middle Last </div> Address _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> Number and Street City State Zip Code </div> Mailing Address: _____ If different from above _____ <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> Number and Street City State Zip Code </div> Telephone Number: (with area code) () _____ Photo ID Type: _____ ID# _____ Date _____ County _____ Doc# or Book/Page _____
3	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: <input type="checkbox"/> Person who is subject of the record. <input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper Identification). <input type="checkbox"/> County office that provides veteran's benefits upon written request of that office. <input type="checkbox"/> United States Official upon written request of that 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 document identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____
5	<p style="text-align: center;"><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></p> Certificate of Acknowledgment State of _____ County of _____ On _____ before me, _____ <div style="text-align: center; font-size: small;">Notary public</div> , 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)
Office use only: Receipt# _____ Paper # _____ Date _____ Clerk _____ Check# _____ M/O# _____	