

APPLICATION FOR CERTIFIED COPY OF DD-214

1	DD-214 Information: Name of Veteran _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Number of copies requested: _____
2	Applicant Information: Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and Street City State Zip Code </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> If different than above Number and Street City State Zip Code </div> Telephone Number: _(_____)_____ With Area Code Photo ID type: _____ ID # _____	
3	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: <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, _____ swear under penalty of perjury that I am an authorized person, as <div style="text-align: center; font-size: small;">Printed Name</div> defined in California Government Code Section 6107 and am eligible to receive a certified copy of the military record identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____	
5	<p style="text-align: center; font-weight: bold; font-style: italic;"><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></p> <p>Certificate of Acknowledgement</p> <div style="border: 1px solid black; padding: 5px; font-size: small;"> 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. </div> State of _____ County of _____ On _____ (date) before me, _____ (here insert name & title of the officer), 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> _____ Signature </div> <div style="width: 60%; text-align: right;"> (seal) </div> </div>		