

APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

DD-214 Information:

DD214 APP Rev 11-2016 2.xls

Name of Veteran:					
	Last First Middle		Middle		
Discharge Date:	Branch o	Branch of Service:		Date of Recording (if known)	
Applicant Information:					
Name:					
	First	Middle	Las	t	
Address: Number and Stree	et City		State	Zip Code	
Mailing Address:					
	and Street	City	State	Zip Code	
Telephone No. with Area Code:	()				
Photo I.D. Type:		I.D. #			
=	line below:	on who is subject of th	e record (must present		
	al (upon written request of t		i tilat office)		
1	swear und	der nenalty of periury t	nat I am an authorized i	nerson as defined in	
(Printed Name) California Government Code Secondary this day of	ction 6107 and am eligible	to receive a certified c	opy of the record identi		
Signature:					
<u>TH</u>	IS SECTION MUST B	BE COMPLETED F	OR MAIL REQUE	<u>STS</u>	
		ate of Acknowled	-		
A notary public or other office which this cert				al who signed the document to that document.	
State of					
County of					
Onbefo	ore me,		, personally a	appeared	
	(na	ame and title of the officer	.)		
name(s) is/are subscribed to the authorized capacity(ies), and the acted, executed the instrument.	within instrument and acki	nowledged to me that	he/she/they executed th		
I certify under PENALTY OF PE	RJURY under the laws of the	he State of California t	hat the foregoing parag	raph is true and correct.	
WITNESS my hand and official s	seal				
(Notary Si	gnature)		((Seal)	