



Note: This form is for mail or fax orders only and cannot be accepted for in-person transactions.

SACRAMENTO COUNTY CLERK/RECORDER

APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE RECORD (DD-214)

Veteran's Military Discharge Information (please print or type):

First, middle, and last name of person who was discharged	Date of discharge	Date of recordation (if known)*
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*If you do not know the exact recording date, an approximate year is acceptable.

Applicant Information:

First, middle, and last name of person requesting copies	Phone number (including area code)	# of copies requested
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Applicant's address (street name and number, city, state, and Zip code)

Delivery address (street name and number, city, state, and Zip code) if different than above

Certified copies of a DD-214 may only be issued to one of the following as defined in section 6107(b) of the Government Code. Pursuant to section 27303.5 of the Government Code, a DD-214 official record may be issued if a full Social Security number is required to receive benefits. Please indicate which definition qualifies you to obtain a certified copy:

- The person who is the subject of the record. A family member or legal representative of the person who is the subject of the record
- A county office that provides veteran's benefits services upon written request of that office.
- A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services.

Complete the Sworn Statement when you appear before a Notary Public who will also prepare the Certificate of Acknowledgement below.

Sworn Statement

I, _____, swear under penalty of perjury under the laws of the State of California, that:
Printed Name of Applicant

I am an authorized person as defined in Government Code section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form.

-OR-

I am an authorized person as defined in Government Code section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form and a full social security number is required to receive benefits.

Sworn to this _____ day of _____, _____ at _____
Day Month Year City and State

Signature: _____

Certificate of Acknowledgement

State of _____

County of _____

On _____, before me, _____, 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]

Return completed form to: Sacramento County Recorder, P.O. Box 839, Sacramento, CA 95812-0839 or fax to: (916) 874-0947

FOR OFFICIAL USE ONLY:

Book	Page	# of Pages	Staff Initials
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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
CERTIFIED COPY OF A MILITARY DISCHARGE RECORD (DD-214)**

- 1) Please type or print to complete the application.
- 2) Under **Veteran's Military Discharge Information** include the following:
 - Full name (first, middle and last) of the person (veteran) who was discharged.
 - Date of discharge.
 - Date of recordation, i.e., date DD-214 was recorded (if known). Approximate year is acceptable.
- 3) Under **Applicant Information** include the following:
 - Full name (first, middle and last) of the person ordering copies.
 - Phone number, including area code, of the person ordering copies.
 - Home address of the person ordering copies.
 - Delivery (mailing) address of the person ordering copies (if different from home address).
 - Number of copies requested.
- 4) Pursuant to section 6107(b) of the Government Code, certified copies of a DD-214 may only be issued to the following parties. Check the appropriate box to identify which definition qualifies the person ordering to receive a certified copy:
 - The person who is the subject of the record (i.e., the veteran who was discharged).
 - A family member or legal representative of the person who is the subject of the record
 - A county office that provides veteran's benefits services upon written request of that office.
 - A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services.
- 5) Orders submitted by mail or fax require a notarized **Sworn Statement**. The applicant (person ordering copies) must sign the statement in the presence of a Notary Public who will prepare the Certificate of Acknowledgment.

Under the **Sworn Statement**, enter the applicant's name and check the appropriate box to complete the statement: *I, (name), swear under penalty of perjury under the laws of the State of California, that:*

I am an authorized person as defined in Government Code section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form.

-or-

I am an authorized person as defined in Government Code section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form and a full social security number is required to receive benefits.

- 6) Fax your completed application to **(916) 874-0947** or mail to: Sacramento County Recorder
P.O. Box 839
Sacramento, CA 95812-0839

For questions or assistance, please call (916) 874-6334.