

**REQUEST FOR MILITARY DISCHARGE DOCUMENT
DD-214**

RECORDED DD-214 INFORMATION: Document # _____ Book _____ Page _____
 (If you are requesting for more than one of DD214, please complete the information on the back page under Section 2)

Name of Veteran: _____
 (First Middle Last)

Year _____ Branch of Service _____ # of Certified Copies _____
 Discharge/Recorded (maximum of 3 sets per order)

REQUESTED BY: Date: _____

Name: _____
 (First Middle Last)

Address: _____
 (Number and Street City State Zip Code)

Mailing Address: _____
 If different than above (Number and Street City State Zip Code)

Telephone Number: (____) _____

Government Issued Photo ID type: _____ ID # _____

To obtain a certified copy(s) of a DD-214 you must be authorized under section 6107 of the Government Code. Please check appropriate line below:

- The person who is the subject of the military discharge document.
- A family member or legal representative of the person who is the subject of the military discharge document.
- A county office that provides veteran's benefits upon written request of that office.
- United States official upon written request of that official.

SWORN STATEMENT

I, _____ declare/affirm under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(a) and I am eligible to receive a certified copy of the Military Discharge Document of the following individual(s):

Name of Person(s) Listed on Military Discharge Document	Relationship to Person Listed on Military Discharge Document

Sworn this _____ day of _____, at _____ (city) _____ (state)
 (Day) (month, year)

 Signature

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment on reverse side.

SECTION I

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
County of _____)

On _____, before me, the undersigned, personally appeared _____

ψ personally known to me, or ψ proved to me the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

(NOTARY SEAL)

Notary Signature

SECTION II

ADDITIONAL DD214 REQUESTS

<p>RECORDED DD-214 INFORMATION: Document # _____ Book _____ Page _____ (If you are requesting for more than one type of DD214, please complete the information on the back page)</p> <p>Name of Veteran: _____ (First Middle Last)</p> <p>Year _____ Branch of Service _____ # of Certified Copies _____ (maximum of 3 sets per order)</p>
<p>RECORDED DD-214 INFORMATION: Document # _____ Book _____ Page _____ (If you are requesting for more than one type of DD214, please complete the information on the back page)</p> <p>Name of Veteran: _____ (First Middle Last)</p> <p>Year _____ Branch of Service _____ # of Certified Copies _____ (maximum of 3 sets per order)</p>
<p>RECORDED DD-214 INFORMATION: Document # _____ Book _____ Page _____ (If you are requesting for more than one type of DD214, please complete the information on the back page)</p> <p>Name of Veteran: _____ (First Middle Last)</p> <p>Year _____ Branch of Service _____ # of Certified Copies _____ (maximum of 3 sets per order)</p>

If mailed, please address to:

SANTA CLARA COUNTY CLERK-RECORDER
Attn: Business Division – RDC Section
70 West Hedding Street, 1st Floor, East Wing
San Jose, CA 95110

For more information, visit our website at www.clerkrecorder.org or call: (408) 299 - 5688

Or

Visit the Veterans Affairs website at www.vetreca.archives.gov or call: 1 (866) 272 - 6272