



San Bernardino County Recorder-County Clerk

222 W. Hospitality Lane, 1st Floor, San Bernardino CA 92415-0022
Hours 8 a.m. to 5:00 p.m., Monday-Friday
Phone: (855) REC-CLRK
www.sbcounty.gov/arc

APPLICATION FOR MILITARY SERVICE RECORD

INFORMATION: The San Bernardino County Recorder's Office only has records of Military Service that have been recorded in San Bernardino County. Please contact the specific County where the Military Service Record has been recorded to obtain copies. Copies can also be requested by writing to the National Personnel Records Center at 9700 Page Avenue, St. Louis, MO 63132-5100 or Fax (314) 801-9195 or visit the website of <http://members.aol.com/forvets/htomr.htm>.

INSTRUCTIONS: Please use a separate blank application for **each** request. **All sections must be completed in their entirety.**

- Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
- The County Recorder may provide a certified copy of a Military Service Record to an authorized person only, as described in Government Code Section 6107(b).

| CERTIFICATE INFORMATION – PLEASE PRINT LEGIBLY OR TYPE | | | | | |
|--|--------------------|---------------------------|----------------------------|------------------------------------|---------------------------------|
| Name on Military Discharge – First Name | | Middle Name | | Last Name | |
| Date of Discharge: | Branch of Service: | Date (Year) of Recording: | Number of Copies Requested | Sex: Male <input type="checkbox"/> | Female <input type="checkbox"/> |

| APPLICANT INFORMATION – PLEASE PRINT LEGIBLY OR TYPE | | | |
|---|--|--|-------------------|
| 1. Appearing In Person – San Bernardino County requires photo identification. Applicants will need to sign the application in front of a member of our staff. 2. Mail Requests – Complete this bottom section but do not sign the Penalty of Perjury statement. See the reverse side of form. | | | |
| Purpose for Which Military Record is to Be Used | | Relationship to Subject of Record | |
| Name of Person Completing Application | | Daytime Telephone Number – Area Code First | |
| Address – Number, Street, and Unit # (if applicable) | | City | State Zip Code |

I agree not to use the Military Discharge obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Government Code Section 6107(b).

- I am the person** who is the subject of the record upon presentation of proper photo identification.
- I am a family member** or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record.
- I represent a county office** that provides veteran's benefits services upon written request of that office.
- I am 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.
- I hereby certify that an official record copy with a full social security number is required in order to receive benefits per Government Code Section 27303.5

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Date

_____ Signature

| BELOW SECTION FOR RECORDER'S USE ONLY | | | |
|---------------------------------------|--|--------------------------------------|-------------------|
| Document Number: | | Date of Recording: | Number of Copies: |
| Date Processed: | Counter <input type="radio"/> (Circle One) Mail <input type="radio"/> Fax <input type="radio"/> | Type of I.D. and Identifying Numbers | Clerk's Initials |

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

ALL CAPACITY ACKNOWLEDGMENT

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.

STATE OF _____

COUNTY OF _____

On _____ before me, _____,
(Date) (Name and title of the officer)

personally appeared _____,
(Name of person signing)

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 of officer

(Seal)