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)*

*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

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 military discharge record (DD214) may only be issued to the following persons defined in section 6107(b) of the Government Code. Such persons, pursuant to section 27303.5 of the Government Code, may obtain a DD214 official record if a full social security number is required to receive benefits.
Please check the appropriate box below:

☐ The person who is the subject of the record upon presentation of proper photo identification.

☐ 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.

☐ 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.

I, _____, declare 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 , California.
Day Month Year

Signature of applicant: _____

THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS

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.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
)ss
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.

_____ (seal)
Notary Signature

FOR OFFICIAL USE ONLY:

Book	Page	# of Pages

Received	Deputy Initials	Identification

VALIDATION AREA