

APPLICATION FOR CERTIFIED COPY OF DD-214



Redacted Copy

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| 1 | DD-214 Information: Number of copies requested _____ Name of Veteran _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> |
| 2 | Applicant Information Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number and Street City State Zip Code </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> If different from above Number and Street City State Zip Code </div> Telephone Number: (with area code) () _____ Photo ID Type: _____ ID# _____ F cvg"aaaaaaaaaaaaa "*****Eqwpv{ aaaaaaaaaaaaaa "*****F qe%qt"DqqmRci gaaaaaaaaaaaaa |
| 3 | To obtain Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below: <input type="checkbox"/> Person who is subject of the record. <input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper Identification). <input type="checkbox"/> County office that provides veteran's benefits upon written request of that office. <input type="checkbox"/> United States Official upon written request of that official. |
| 4 | I, (printed name) _____ swear under penalty of perjury that I am an authorized person, as defined in California Government Code Section 6107, and am eligible to receive a certified copy of the military discharge document identified on this application form. Sworn this _____ day of _____, _____, at _____ Signature: _____ |
| 5 | <p style="text-align: center;"><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></p> Certificate of Acknowledgment State of _____ County of _____ On _____ before me, _____ <small>Notary public</small> , 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) |
| Office use only: Receipt# _____ Paper # _____ Date _____ Clerk _____ Check# _____ M/O# _____ | |