APPLICATION FOR CERTIFIED COPY OF DD-214

Requested By:_____ Copies Requested: 1 or 2

Name of Veteran: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different from above Number and Street City State Zip Code

Date of Discharge: Telephone Number:

To obtain a Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below:

___ Person who is subject of the record.
___ Family member or legal representative of person who is subject of the record(must present proper Identification).
___ County office that provides veteran's benefits upon written request of the office.
___ United States Official upon written request of that official.

I, _____ 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 DD-214 identified on this application form. Sworn this ____ day of _____, _200_, at _____.

Signature: _____

<u>This Section Must Be Completed For Mail Requests</u>

State of California
County of _____

On _____ before me, _____, personally appeared
(here insert name and title of the officer)

_____, 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:

Photo ID Type: _____ ID# _____

Office Use Only: Book _____ Page _____ or Document Number _____