

## APPLICATION FOR CERTIFIED COPY OF DD-214

<b>1</b>	<p><b>DD-214 Information:</b> <span style="float: right;"><b>Number of copies requested:</b> _____</span></p> <p>Name of Veteran _____</p> <p style="text-align: center;">First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Year document recorded _____</p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____</p> <p style="text-align: center;">First <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Address: _____</p> <p style="text-align: center;">Number and Street <span style="margin-left: 100px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> <p>Mailing Address: _____</p> <p>If different than above <span style="margin-left: 50px;">Number and Street</span> <span style="margin-left: 100px;">City</span> <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> <p>Telephone Number: _(_____)_____</p> <p>With Area Code</p> <p>Photo ID type: _____ ID # _____</p>
<b>3</b>	<p>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:</p> <p><input type="checkbox"/> Person who is subject of the record.</p> <p><input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper Identification.</p> <p><input type="checkbox"/> County office that provides veteran's benefits upon written request of that office.</p> <p><input type="checkbox"/> United States Official upon written request of that official.</p>
<b>4</b>	<p>I, _____ swear under penalty of perjury that I am an authorized person, as</p> <p style="text-align: center;">Printed Name</p> <p>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 _____, _____,</p> <p>at _____ Signature: _____</p>
<b>5</b>	<p style="text-align: center;"><b><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></b></p> <p style="text-align: center;"><b>Certificate of Acknowledgement</b></p> <p>State of _____)</p> <p>County of _____)</p> <p>On _____ before me, _____, personally appeared _____ who proved to me on 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.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>Witness my hand and official seal.</p> <p style="text-align: right;">(seal)</p> <p>_____ Notary Signature</p>
	<p><b>Office use only:</b> Receipt # _____ Date _____</p> <p>Clerk _____</p>