

APPLICATION FOR CERTIFIED COPY OF DD-214

DD-214 Information: Number of copies requested: _____

1 Name of Veteran _____
First Middle Last

Applicant Information:

2 Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

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

Telephone Number: (____) _____
With Area Code

Photo ID type: _____ ID#: _____ Exp Date: _____

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:

- 3** 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 that 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
Printed Name

4 California Government Code Section 6107 and am eligible to receive a certified copy of the record identified on this application form. Sworn this _____ day of _____, _____,

at _____ Signature: _____

Certificate of Acknowledgement

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 the document

State of _____

County of _____

On _____ before me, _____, personally appeared _____
(Insert name and title of officer)

5 personally known to me (or 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. 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 # _____ Clerk _____ Date _____