

**APPLICATION FOR REQUESTING A CERTIFIED COPY OF MILITARY DISCHARGE DOCUMENT**

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 the official.
- I am an authorized person per Gov. Code 6107(b) to receive a certified copy of DD214 and full social security number is required to receive benefits.

Please Print

Name of Veteran \_\_\_\_\_  
First Middle Last

Year of Discharge or Recording Date Branch of Service Number of Copies Relationship to Veteran  
\_\_\_\_\_  
\_\_\_\_\_

Requestor Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Photo ID # \_\_\_\_\_

**Unsworn Statement (CCP-2015.5)**

I \_\_\_\_\_ declare/affirm under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in Government Code Section 6107 and am eligible to receive a certified copy of the Military Discharge record identified on this application form.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Signature of Requestor \_\_\_\_\_

**THE BACK OF THE FORM MUST BE COMPLETED FOR MAIL REQUESTS**

\_\_\_\_\_  
Signature of Requestor

### Certificate of Acknowledgment

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.

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, (here insert name and title of the officer), 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)