

APPLICATION FOR CERTIFIED COPY OF DD-214

DD-214 Information:

Number of copies requested: _____

Name of Veteran _____
First
Middle
Last

Applicant Information:

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 # _____

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 that office.
- United States Official upon written request of that official..

I, _____ swear under penalty of perjury that I am an authorized person, as
Printed Name
 defined in 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: _____

THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS

Certificate of Acknowledgement

State of _____

County of _____

On _____ before me, _____ (Notary Public), 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# _____