

# APPLICATION FOR CERTIFIED COPY OF DD-214

**DD-214 Information:**

**Number of certified copies requested:** \_\_\_\_\_

**1**

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

Date of Birth \_\_\_\_\_ Last Four of SSN \_\_\_\_\_

**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 # \_\_\_\_\_

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

**4**

I, \_\_\_\_\_ swear under penalty of perjury that I am an authorized person, as defined in  
Printed Name  
 California Government Code Section 6107 and am eligible to receive a certified copy of the Military Discharge Document(s) identified on this application form. Sworn this \_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_  
 Signature \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS**

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.

**5**

State of California            )  
   ) ss  
 County of                        )

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by  
 \_\_\_\_\_ (affiant), proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
 Signature of Notary Public

(Notary Seal)

**Office use only:** Receipt # \_\_\_\_\_ Clerk \_\_\_\_\_