

APPLICATION FOR CERTIFIED COPY OF DD-214

	DD-214 Information:	Number of copies requested: _____
1	Name of Veteran _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div>	
2	Applicant Information: Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Number and Street City State Zip Code </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> If different than above Number and Street City State Zip Code </div> Telephone Number: _(____) _____ With Area Code Photo ID type: _____ ID # _____	
3	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: <input type="checkbox"/> Person who is subject of the record. <input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper Identification). <input type="checkbox"/> County office that provides veteran's benefits upon written request of that office. <input type="checkbox"/> United States Official upon written request of that official..	
4	I, _____ swear under penalty of perjury that I am an authorized person, as <div style="display: flex; justify-content: center; margin: 0 auto;"> Printed Name </div> defined in California Government Code Section 6107 and am eligible to receive a certified copy of the military record identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____	
5	<u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u>	
	Certificate of Acknowledgement State of _____ County of _____ On _____ (date) before me, _____ (name & title of officer), 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.	
	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)	