# APPLICATION TO REQUEST A MILITARY DISCHARGE DOCUMENT

Certified copies of Military Discharge Record (DD214) may only be issued to the following person(s) defined in section 6107(b) of the Government Code. Such person, 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.

To receive a Certified Copy I am:

- ☐ The person who is the subject of the military discharge document.
- ☐ A family member or legal representative of the person who is the subject of the military discharge document.
- ☐ A city, county or state office that provide veterans' benefits.
- ☐ A United States 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.

| Name of Veteran | Relationship to Veteran |
|---|---|
| | |

| Year | Branch of Service | Number of Certified Copies Requested |
|---|---|---|
| | | |

Requested by:_____ Date:_____

Photo ID#:_____ Phone #:_____

Mailing address:_____

**Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment on the reverse side of this form.**

**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 on this application form.

Sworn this _____ day of _____ _____, at _____, _____
(Day) (Month) (Year) (City) (State)

_____
(Signature)

# SWORN STATEMENT

## 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 _____)
) ss
County of _____)

On _____, before me personally appeared, _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.
(NOTARY SEAL)

_____
Notary Signature