

## APPLICATION FOR CERTIFIED COPY OF DD-214

<b>1</b>	<p><b>DD-214 Information:</b> <span style="float: right;"><b>Number of copies requested:</b> _____</span></p> <p>Name of Veteran _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Approximate Year of Recording: _____ Do you need full SSN showing: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Address: _____  <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> <p>Mailing Address: _____          If different than above <span style="margin-left: 50px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 100px;">Zip Code</span></p> <p>Telephone Number: _(_____)_____</p> <p>Photo ID type: _____ ID # _____</p>
<b>3</b>	<p>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:</p> <p><input type="checkbox"/> Person who is subject of the record.</p> <p><input type="checkbox"/> Family member or legal representative of person who is subject of the record. (must present proper Identification)</p> <p><input type="checkbox"/> County office that provides veteran's benefits upon written request of that office.</p> <p><input type="checkbox"/> United States Official upon written request of that official.</p>
<b>4</b>	<p>I, _____ swear under penalty of perjury that I am an authorized person, as  <span style="margin-left: 100px;">Printed Name</span></p> <p>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: _____</p>
<b>5</b>	<p style="text-align: center;"><b><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></b></p> <p><b>Certificate of Acknowledgement</b></p> <p>State of _____ County of _____</p> <p>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.</p> <p>_____          Notary Signature <span style="float: right;">(seal)</span></p> <p><b><u>Office use only:</u></b></p> <p>Date _____ Clerk _____</p>