

# APPLICATION FOR CERTIFIED COPY OF DD-214

**DD-214 Information:**

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

**1**

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

**Applicant Information:**

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
Number and Street
City
State
Zip Code

**2**

Mailing Address: \_\_\_\_\_  
 If different than above Number and Street
City
State
Zip Code

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:

- 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  
Printed Name  
 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: \_\_\_\_\_

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

**Certificate of Acknowledgement**

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 \_\_\_\_\_  
 County of \_\_\_\_\_

On \_\_\_\_\_ (date) before me, \_\_\_\_\_ (here insert name & title of the officer), 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.

**5**

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)