

REQUEST FOR MILITARY DISCHARGE DOCUMENT DD-214

Staff Use Only

- Checked ID
- 2 Certified copies issued

Name of Requestor: _____ Date: _____

Staff Initials

To obtain a copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check The appropriate line below:

- 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.
(Please state your relationship to military person) _____
- A county office that provides veterans benefits
- A United States Official

Name of Person on Military Discharge Document	Year of discharge

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of
(Printed Name)
California that I am an authorized person, as defined in California Gov. Code Sec. 6107 (D), and am eligible to receive a certified copy of the Military Discharge Document of the above individual.

Signature: _____ Date: _____

Note: If submitting your order by mail, you must sign your sworn statement before a notary public using the certificate of acknowledgment below.

Certificate of Acknowledgment

State of _____
County of _____

On _____ before me, _____, personally appeared
(here insert name and title of the officer)

_____ personally known to me (or 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

WITNESS my hand and official seal.

(Signature of Notary)

(SEAL)