## REQUEST FOR MILITARY DISCHARGE DOCUMENT DD-214

**Staff Use Only** 

					Checked ID 2 Certified copies issued	
Name of Requestor:	Date:	Date:		Staff Initials		
To obtain a copy of a DD-214 you must be authorized Please check the appropriate box below:	under section 6107 of th	e Goveri	nment Code.			
The person who is the subject of the milita  A family member or legal representative or Please state your relationship to military personal states.	f the person who is the su				nent.	
A county office that provides veterans bendered A United States Official	efits					
Name of Person on Military Discharge D		ocument Year		of discharge		
SWO	ORN STATEMENT					
I,(Print Name)	, swear un	der pena	lty of perjury unde	er the laws	s of the	
State of California that I am an authorized person, as creceive a certified copy of the Military Discharge Doc			ec. 6107 (D), and	am eligibl	le to	
Signature:		Date:				
Note: If submitting your order by mail, yo public using the certificate of acknowledge		vorn sta	atement before	e a notar	ry	
Certificate of Acknowledgment	C	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this				
State of  County of	C	ertificate	is attached, and not or validity of that do	the truthful		
·						
On, before me,	(name	and title of	f notary)		,	
personally appeared(na			, wł	no proved	to me on the	
basis of satisfactory evidence to be the person(s) whose me that he/she/they executed the same in his/her/the instrument the person(s), or the entity upon behalf of variations.	se name(s) is/are subscriber authorized capacity(io	ed to thees), and	e within instrumen that by his/her/the	it and ackn	nowledged to	
I certify under PENALTY OF PERJURY under the la	ws of the State of Califor	nia that	the foregoing is tru	ue and cor	rect.	
WITNESS my hand and official seal.						

(NOTARY SEAL)

(Signature of Notary)