

**APPLICATION FOR CERTIFIED COPY
OF DD-214**

DD-214 Information:

Number of copies requested: _____

Name of Veteran _____
First Middle Last

Applicant Information:

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

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

Telephone Number: (____) _____
Photo ID type: _____ ID # _____

**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.

I, _____ swear under penalty of perjury that I am an authorized person as defined in California
(Print Name)
Government Code Section 6107 and am eligible to receive a certified copy of the DD-214 record identified on this application form.
Sworn this day ____ of _____, _____.

At _____ Signature: _____

THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS

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 _____ before me, _____
(Date) (Here Insert Name and Title of the Officer)
personally appeared _____
(Name(s) of Signer(s))

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.

Signature _____
(Signature of Notary Public)