



**APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE (DD 214)**

<b>1</b>	<b>DD214 INFORMATION</b> Name Used During Service _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Branch of Service _____ Date Released _____ Year of Recording _____ Document Number (If known) _____ Number of Copies _____ Last 4 Social Security Number (SSN) _____			
<b>2</b>	To obtain a Certified Copy you must check the appropriate box below: <b>I am:</b> <input type="checkbox"/> The person who is the subject of the military discharge document. <input type="checkbox"/> A child, parent, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the military discharge record. <input type="checkbox"/> A legal representative of the person who is the subject of the military discharge document. <input type="checkbox"/> A member or representative of a state, county, or city office that provides veteran's benefits. <input type="checkbox"/> A United States official.			
<b>3</b>	<b>Requested by:</b> Name _____ Street Address _____ City _____ State _____ Zip _____ Ph: (    ) _____	<b>BELOW SECTION FOR OFFICE USE ONLY:</b>		
		Receipt # _____	Document # _____	
		Type of I.D. and Identifying Numbers _____		Clerk Initials _____
		Counter <input type="checkbox"/>	Mail <input type="checkbox"/>	Government Agency <input type="checkbox"/>
		Unredacted <input type="checkbox"/>		
<b>4</b>	<input type="checkbox"/> I hereby certify that I am an authorized person as defined in Government Code Section 6107(b) and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form and <u>a full social security number is required to receive benefits.</u>			
<b>5</b>	I, _____ swear or affirm under penalty of perjury that I am an authorized person, as defined in Government Code Section 6107 (b), eligible to receive a certified copy of a Military Discharge identified on this application form. <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Print Full Name</span> </div> Sworn: _____, at _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Date)</span> <span>(City, State)</span> </div> Signature: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Applicant Signature)</span> <span>(If ordering in person you must sign in front of the Clerk)</span> </div>			

