

**REQUEST FOR MILITARY DISCHARGE
DOCUMENT DD-214**

RECORDED DD-214 INFORMATION: Document #: _____ Book _____ Page _____

(If you are requesting for more than one of DD-214, please complete the information below)

Name of Veteran: _____
(First Middle Last)

Year _____ Branch of Service _____ # of Certified Copies _____
Discharged/Recorded (maximum of 3 sets per order)

REQUESTED BY: _____ **Date:** _____

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: () _____

Government Issued Photo ID Type _____ ID #: _____

To obtain a certified copy(s) of a DD-214, you must be authorized under section 6107 of the Government Code.

Please check 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.
- A county office that provides veteran's benefits upon written request of that office.
- United States official upon written request of that official.

SWORN STATEMENT

I, _____ Declare/affirm under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(a) and I am eligible to receive a certified copy of the Military Discharge Document of the following individual(s):

Name of Person(s) Listed on Military Discharge Document	Relationship to Person Listed on Military Discharge Document

Sworn this _____ day of _____, at _____
(Day) (month, year) (city) (state)

Signature

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment on reverse side.

SECTION I

CERTIFICATE OF ACKNOWLEDGMENT

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 _____) ss

On _____, before me, _____ 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.

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)

SECTION II

ADDITIONAL DD-214 REQUESTS

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If mailed, please address to:

SANTA CLARA COUNTY CLERK-RECORDER
Attn: Business Division — RDC Section
110 West Tasman Drive, First Floor
San Jose, CA 95134

If fax, please fax to (408) 280-1768.

For more information, visit our website at www.clerkrecorder.org or call: (408) 299-5688.

Or

Visit the Veterans Affairs website at www.vetrecs.archives.gov or call: 1-866-272-6272.