

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

Veteran's Military Discharge Information (please print or type):

First, middle, and last name of person who was discharged	Date of discharge	Date of recordation (if known)*
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*If you do not know the exact recording date, an approximate year is acceptable.

Applicant Information:

First, middle, and last name of person requesting copies	Phone number (including area code)	# of copies requested
Applicant's address (street name and number, city, state, and Zip code)		
Delivery address (street name and number, city, state, and Zip code) if different than above		

Certified copies of a military discharge record (DD214) may only be issued to the following persons defined in section 6107(b) of the Government Code. Such persons, pursuant to section 27303.5 of the Government Code, may obtain a DD214 official record if a full social security number is required to receive benefits.

Please check the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> The person who is the subject of the record upon presentation of proper photo identification. | <input type="checkbox"/> A county office that provides veteran's benefits services upon written request of that office. |
| <input type="checkbox"/> A family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record. | <input type="checkbox"/> A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services. |

I, _____, declare under penalty of perjury under the laws of the State of California, that:
Printed Name of Applicant

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.

-OR-

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 a full social security number is required to receive benefits.

Sworn to this _____ day of _____, _____ at Red Bluff, California.

Signature of applicant: _____

To obtain a Certified Copy of a Military Discharge Record (DD 214) by Mail you must do the following:

- 1) Have your signature notarized using the Certificate of Acknowledgement on the back of this form.
- 2) Return a copy of your valid photo identification with application.
- 3) Mail the completed application along with the copy of valid photo identification to Tehama County Clerk & Recorder, PO Box 250, Red Bluff, CA 96080 or fax to 530-527-1745.

If you have any questions, please call the office at 530-527-3350.

FOR OFFICIAL USE ONLY:

Book	Page	# of Pages	Received	Deputy Initials	Identification
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CERTIFICATE OF ACKNOWLEDGEMENT

State of _____)
) SS
County of _____)

On _____ before me, _____ personally appeared _____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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