OFFICE OF
ASSESSOR-COUNTY CLERK-RECORDER & ELECTIONS
COUNTY OF SAN MATEO

MARK CHURCH
ASSESSOR-COUNTY CLERK-
RECORDER & CHIEF ELECTIONS OFFICER

Application for Certified Copy of Military Discharge Record (DD-214)

1 DD-214 Information:

First Name of Veteran	Middle Name of Veteran	Last Name of Veteran	Number of copies requested:

2 Application Information:

First Name	Middle Name	Last Name	
Residential Address – Number and Street	City	State	Zip Code
Mailing Address, if different from above			
Telephone Number ( )	Photo ID Type	ID Number	
Year Discharged/Recorded	Branch of Service		

3 To obtain a Certified Copy of a DD-214, you must be authorized under section 6107 of the Government Code. Please check the box below that describes your right to obtain a DD-214:

- ☐ Person who is subject of the record.
- ☐ Family member or legal representative of the Veteran (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.

4 I, _____, swear under penalty of perjury that I am an authorized
Printed Name
person, as defined in California Government Code Section 6107 and am eligible to receive a certified copy of the military discharge record identified on this application form.

Sworn this _____ day of _____, _____ at _____.

Signature

5 *This section must be completed for mail requests.*

Certificate of Acknowledgement

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 _____ ss.
County of _____ }

On _____ before me, _____, personally appeared
(Date) (Notary Name)
_____, who proved to me on the basis of satisfactory evidence to be the person(s)
(Applicant)
whose name 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.

Signature: _____ Seal

Office Use Only	Receipt #:	Document #:	Date:
	Clerk:	Check #:	M/O #:

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