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 rec	ordation (if known)*			
*If you do not know the exact recording date, an approximate year is ac	cceptable.						
Applicant Information:							
First, middle, and last name of person requesting copies		Phone number (include	ling area code)	# of copies requested			
Applicant's address (street name and number, city, state, and Zip code))						
	3155						
Delivery address (street name and number, city, state, and Zip code) if	different than above						
Certified copies of a military discharge record (DD							
6107(b) of the Government Code. Such persons, p DD214 official record if a full social security numb				ode, may obtain a			
Please check the appropriate box below:	io io reganea e	o receive benen	13.				
r lease check the appropriate box below.							
The person who is the subject of the record upon presenta proper photo identification.		county, city or state o on written request o	office that provides vete f that office.	ran's benefits services			
A family member or legal representative of the person who			upon written request of				
subject of the record upon presentation of proper photo identification and certification of their relationship to the si		icer or employee is li render the services.	able on his or her officia	l bond for failure or refusal			
the record.	10,000 01 10	.011001 1110 001 11000.		•			
I,	, declare unde	er penalty of perjury (under the laws of the S	ate 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-							
lam an authorized person as defined in Government (Code section 6107	(b) and am eligible to	n receive a certified con	v of the military			
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	1.			
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

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 rson whose name is subscribed to the within instrum	, who proved to m
executed the san		rson whose name is subscribed to the within instrum and that by his/her signature on the instrument the p	
I certify under Pl	ENALTY OF PERJURY under the	he laws of the State of California that the foregoing p	paragraph is true and correct.
WITNESS my h	and and official seal.		
Signature		SE	AL