



Note: This form is for mail or fax orders only and cannot be accepted for in-person transactions.

**SACRAMENTO COUNTY CLERK/RECORDER
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 DD-214 may only be issued to one of the following as defined in section 6107(b) of the Government Code. Pursuant to section 27303.5 of the Government Code, a DD-214 official record may be issued if a full Social Security number is required to receive benefits. Please indicate which definition qualifies you to obtain a certified copy:

- The person who is the subject of the record. A family member or legal representative of the person who is the subject of the record
- A state, county, or city office that provides veteran's benefits services upon written request of that office.
- 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.

Complete the Sworn Statement when you appear before a Notary Public who will also prepare the Certificate of Acknowledgement below.

Sworn Statement

I, _____, swear 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 _____
Day Month Year City and State

Signature: _____

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 _____

County of _____

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]

Return completed form to: Sacramento County Recorder, P.O. Box 839, Sacramento, CA 95812-0839 or fax to: (916) 874-0947

FOR OFFICIAL USE ONLY:

Book	Page	# of Pages	Staff Initials
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**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
CERTIFIED COPY OF A MILITARY DISCHARGE RECORD (DD-214)**

- 1) Please type or print to complete the application.
- 2) Under **Veteran's Military Discharge Information** include the following:
 - Full name (first, middle and last) of the person (veteran) who was discharged.
 - Date of discharge.
 - Date of recordation, i.e., date DD-214 was recorded (if known). Approximate year is acceptable.
- 3) Under **Applicant Information** include the following:
 - Full name (first, middle and last) of the person ordering copies.
 - Phone number, including area code, of the person ordering copies.
 - Home address of the person ordering copies.
 - Delivery (mailing) address of the person ordering copies (if different from home address).
 - Number of copies requested.
- 4) Pursuant to section 6107(b) of the Government Code, certified copies of a DD-214 may only be issued to the following parties. Check the appropriate box to identify which definition qualifies the person ordering to receive a certified copy:
 - The person who is the subject of the record (i.e., the veteran who was discharged).
 - A family member or legal representative of the person who is the subject of the record
 - A state, county, or city office that provides veteran's benefits services upon written request of that office.
 - 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.
- 5) Orders submitted by mail or fax require a notarized **Sworn Statement**. The applicant (person ordering copies) must sign the statement in the presence of a Notary Public who will prepare the Certificate of Acknowledgment.

Under the **Sworn Statement**, enter the applicant's name and check the appropriate box to complete the statement: *I, (name), swear under penalty of perjury under the laws of the State of California, 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.

-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.

- 6) Fax your completed application to **(916) 874-0947** or mail to: Sacramento County Recorder
P.O. Box 839
Sacramento, CA 95812-0839

For questions or assistance, please call (916) 874-6334.