



**CHUCK STOREY – Imperial County Clerk/Recorder**

940 W. Main Street, Suite 202, El Centro, CA 92243

Telephone: (442)265-1075 Fax: (442)265-1091

www.imperialcounty.org

**APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE (DD-214)**

Under Government Code Section 6107 & Health and Safety Code 103526(c)

**1 Veteran’s Military Discharge Information (please print or type)**

FIRST NAME	MIDDLE NAME	LAST NAME
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**2 Applicant’s Information**

FIRST NAME	MIDDLE NAME	LAST NAME
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ADDRESS	CITY	STATE	ZIP CODE
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
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PHONE NUMBER	NUMBER OF COPIES REQUESTED
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*Certified copies of DD-214 may only be issued to one of the following as defined in section 6107(b) of the Government Code. If a full Social Security number is required to receive benefits, a DD-214 official record may be issued*

**3 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 veterans’ 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.

**4 Sworn Statement**

The undersigned, hereby swears or affirms 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 I am eligible to receive a certified copy of the military discharge record (DD-214) identified on this application.
- I am an authorized person as defined in Government Code section 6107(b) and I am eligible to receive a certified copy of the military discharge record (DD-214) identified on this application form and a full Social Security number is required to receive benefits.

**5** Sworn this  day of  at

DAY                      MONTH                      YEAR                      CITY AND STATE

PRINT NAME	SIGNATURE
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**FOR OFFICIAL USE ONLY**

BOOK	PAGE	DOCUMENT NUMBER	
TYPE OF ID	ID NUMBER	REDACTED	
ISSUED BY	DATE ISSUED	RECEIPT NUMBER	

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR  
CERTIFIED COPY OF A MILITARY DISCHARGE RECORD DD-214**

**DD-214 INFORMATION**

Imperial County ONLY has records of DD-214, which were recorded in Imperial County. For all other military discharge records (DD-214), you must contact the county in which the DD-214 was recorded or you may contact the National Personnel Records Center: Military Personnel Records 9700 Page Avenue, St. Louis, MO 63132-5100. Phone Number: (866)272-6272

**APPLICATION**

1. Print or type Veteran's Military Discharge Information:
  - Full name (first, middle and last) of the DD-214 military discharged record holder.
2. Print or type Applicant's Information:
  - Full name (first, middle and last) of the person requesting copies.
  - Home address of the person requesting copies.
  - Mailing address of the person requesting copies (if different from home address).
  - Phone number, including area code, of the person requesting copies.
  - Number of copies requested.
3. Pursuant to section 6107(b) of the Government Code, certified copies of a DD-214 may only be issued to authorized individuals.
  - Check the box which authorizes you to obtain the certified copies.
4. Government Code section 27303.5 allows an authorized person who requires the full social security number to receive benefits to obtain an unredacted copy of a DD-214. If you do not check this box, the certified copy issued to you will not show the full social security number.
5. A governmental issued photo identification card is required if ordering in person. Section 103526 of the California Health and Safety Code requires anyone requesting a certified copy of a DD-214 to complete and sign the sworn statement on this application. Please print your name in the space provided and complete the date and location of when and where you sign this statement.

**BY MAIL**

1. Complete the sworn statement and the notary public acknowledgment on this application. A representative of a state or local government agency, as provided by law, who applies for a certified copy of a DD-214 for conducting official business, is not required to provide the notarized statement.

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed that document, to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.	
State of California County of _____	On _____ before me, _____ Notary Public, 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), on the instrument the, 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.	
_____ Notary Signature	SEAL