



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.recorder.imperialcounty.org

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

APPLICATION

1. Print or type Veteran’s Military Discharge Information:
 - Full name (first, middle and last) of the DD-214 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. Certified copies of a DD-214 may only be issued to authorized individuals (Government Code 6107 (b)).
 - Check the box which authorizes you to obtain the certified copies.
4. An authorized person who requires the full social security number to receive benefits may obtain an unredacted copy of a DD-214 (Government Code 27303.5). If you do not check this box, the certified copy issued to you will NOT show the full social security number. Anyone requesting a certified copy of a DD-214 must complete and sign the sworn statement on this application (Health & Safety Code 103526). Please print your name in the space provided and complete the space for the date and location of when and where you sign this statement.

If ordering certified copies in person, a government issued photo identification is required.

BY MAIL

Complete the sworn statement AND the notary public acknowledgment below. A representative of a state or local government agency, as provided by law, who applies for a certified copy of a DD-214 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), 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.

SEAL

Notary Signature



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

[Under Government Code Section 6107]

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.

1.	Veteran's Military Discharge Information:				
	First Name	Middle Name	Last Name		
2.	Applicant Information:				
	First Name	Middle Name	Last Name		
	Address		City	State	Zip Code
	Mailing Address (If different from above)		City	State	Zip Code
	Phone Number		Number of Copies Requested		
3.	A certified copy of a 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.				
	Please check the box below that qualifies you to obtain a certified copy:				
	<input type="checkbox"/> Person who is the subject of the record.				
	<input type="checkbox"/> A family member or legal representative of the person who is subject of the record.				
	<input type="checkbox"/> A state, county, or city office that provides veterans' benefits service upon written request of that office.				
	<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.				
4.	Sworn Statement (Check One):				
	The undersigned, hereby swears/affirms under penalty of perjury under the laws of the State of California that:				
	<input type="checkbox"/> 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 (DD-214) identified on this application form.				
	<input type="checkbox"/> 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 (DD-214) identified on this application form and a full social security number is required to receive benefits.				
Sworn this _____ day of _____, _____ at _____.					
Day			Month	Year	
				City and State	
Signature			Printed Name		

FOR OFFICIAL USE ONLY

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