MAIL OR FAX APPLICATION FOR AUTHORIZED
CERTIFIED COPY OF A DD 214
GOVERNMENT CODE 6107
Health and Safety Code 103526

A DD214 form is provided for no fee.

Applicant information: **Number of copies requested** ☐

Name: _____
First Middle Last

Approximate date of discharge: _____Approximate date of recording _____

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different than above Number and Street City State Zip Code

Telephone Number: (_____)_____

To obtain an **Authorized** Certified Copy, you must check the appropriate box below and have your signature acknowledged by a notary public

I am:

☐	**The subject of the record with proper photo identification.**
☐	**A family member or legal representative of the subject with proper photo identification and certification of the relationship to subject.**
☐	**A county office that provides veteran's benefits services upon written request.**
☐	**A U.S. official upon written request of that official.**

If submitting by fax: 707/259-8149

If submitting by mail: Napa County Clerk-Recorder, PO Box 298, Napa, CA 94559

Office use only:

Image# _____ Certificate # _____

Date Processed: _____ Deputy: _____

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of
(Printed name)

the State of California, that I am an authorized person, as defined in California Government Code Section 6107 and California Health and Safety Code 103525, and am eligible to receive a certified copy of a military discharge document (DD 214) for the following individual:

Name of Person Listed on DD 214	Relationship to Person on DD 214

Sworn this_____ day of _____, 2_____, at _____, _____.
(Date) (Month) (Year) (City) (State)

_____
(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

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
(insert name & title of officer)
_____, 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.

(NOTARY SEAL)

WITNESS my hand and official seal.

_____

NOTARY SIGNATURE