

**Alameda County Clerk-Recorder's Office**  
**INSTRUCTIONS FOR CERTIFIED COPY OF MILITARY DISCHARGE (DD214)**

<b>1</b>	<p><b>DD214 Information:</b> Print or type date of discharge. Print or type number of copies requested. Print or type name of veteran.</p>
<b>2</b>	<p><b>Applicant Information:</b> Print or type name of person ordering copy. Print or type address where copy is to be sent. Print or type telephone number of person ordering copy, including area code.</p>
<b>3</b>	<p>Using the list below check the box next to the code section in Item #3 on the front of this application that authorizes you to obtain a certified copy of a Military Discharge record under section 6107 of the Government Code:</p> <p><b>6107(b)(1)</b> Person who is subject of the record, upon presentation of proper photo identification.</p> <p><b>6107(b)(2)</b> Family member or legal representative of person who is subject of the record (must present proper identification).</p> <p><b>6107(b)(3)</b> County office that provides veteran's benefits upon written request of that office.</p> <p><b>6107(b)(4)</b> United States Official upon written request of that official.</p>
<b>4</b>	<p><b><u>DO NOT COMPLETE THIS PART</u> UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.</b></p> <p>Section 103526(a) of the California Health and Safety Code requires anyone requesting a certified copy of a Military Discharge record to complete and sign a sworn statement under penalty of perjury.</p>
<b>5</b>	<p><b>CERTIFICATE OF ACKNOWLEDGMENT:</b></p> <p>Complete Items 1 to 3 on the front of this application, then take this form to a notary public. Complete and sign the sworn statement in Item 4 in the presence of the notary public. Request that the notary acknowledge you signature in the sworn statement in Item 4. Mail the original application and the sworn statement, with the appropriate fee, to:</p> <p>ALAMEDA COUNTY CLERK-RECORDER 1106 Madison Street, 1<sup>st</sup> Floor Oakland, CA 94607</p> <p>(510) 272-6362</p>

**Alameda County Clerk-Recorder's Office**

**APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE (DD214)**

<b>1</b>	<b>Date of Discharge:</b> ____ / ____ / ____ <b>Number of copies requested:</b> ____ <b>Name of Veteran</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>
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<b>2</b>	<b>Applicant Information:</b> Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number and Street (Including APT #)</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Mailing Address (If Different than above): _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number &amp; Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div> Telephone Number: (____) _____ Photo ID Type: _____ ID # _____
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<b>3</b>	To obtain a Certified Copy of a DD214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below: ____ <b>6107(b)(1)</b> Person who is subject of the record (upon presentation of proper photo identification). ____ <b>6107(b)(2)</b> Family member or legal representative of person who is subject of the record (must present proper photo identification.) ____ <b>6107(b)(3)</b> County office that provides veteran's benefits upon written request of that office. ____ <b>6107(b)(4)</b> United State Official upon written request of that official.
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<b>4</b>	I, _____, declare under penalty of perjury under the laws of the State of California (Print Your Name) that: <input type="checkbox"/> I am an authorized person as defined in Government Code section 6107 and am eligible to receive a certified copy of the military discharge record (DD214) identified on this application form. <b>-OR-</b> <input type="checkbox"/> I am an authorized person as defined in Government Code section 6107 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 this ____ day of _____, ____ at _____ Day Month Year (City and State) Signature of applicant: _____
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<b>5</b>	<b>Acknowledgment</b> State of _____ County of _____ On _____ before me, _____ (here insert name and title of the officer), 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 is true and correct. WITNESS my hand and official seal:  _____ Signature of Notary Public <span style="float:right">(Notary Seal)</span>
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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.