Hugh Nguyen
Orange County Clerk-Recorder
P.O. Box 238, Santa Ana, CA 92702
630 N. Broadway, Santa Ana, CA 92701

Application for Certified Copy of DD-214

(May be use for request Via Mail – Mail your request to address above)

- **To obtain a certified copy of a DD-214 you must be authorized under section 6107 of the Government code**

Please Print or Type Clearly – Use Black Ink Only

Requestor's Information

Please check which box best describes how you are an authorized person to receive a certified copy of the DD-214 being requested

☐ I am the person who is subject of the record ☐ I am a United States official.

☐ I am a family member or legal representative of the person who is subject of the record (must present proper identification)

☐ I represent a County office that provides veterans benefits upon written request of the office.

Requested by: _____ Requestor's Phone Number: _____
(type your full name)

Mail Copies to: _____
Address and apt. # if needed City State Zip Code

Veteran's Information

Veteran's Date of Discharge: _____ Number of copies requested:_____

_____ _____ _____
Veteran's First Name(s) Veteran's Middle Name(s) Veteran's Last Name(s)

I _____ swear under penalty of perjury that I am an authorized person, as defined in California
(requestor's full name)
Government Code Section 6107 and am eligible to receive a certified copy of the DD-214 identified on this application/form.

Sworn this _____day of _____, 20_____ at _____
(day) (month) (year) City

_____
Signature (If mailing, you must sign before a Notary Public)

This section must be completed for all mail requests.

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 forgoing paragraph is true and correct. WITNESS my hand and official seal.

_____ (SEAL)
(Notary Signature)

For office use only:
Photo I.D. type:_____ I.D. # _____ Book: _____ Page:_____ Document #:_____

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