

REQUEST FOR MILITARY DISCHARGE DOCUMENT

First, middle & last name of person requesting copies: _____

Date: _____ Phone Number (with area code): _____ Photo ID #: _____

Applicants Mailing Address: _____

(If submitting a request by mail, attach a legible copy of photo ID)

To Receive a Certified Copy I am:

- The person who is the subject of the military discharge document.
- A family member or legal representative of the person who is the subject of the military discharge document.
- A county, city or state office that provides veterans' benefits.
- A United States official.

Name of Person Listed on Military Discharge Document: _____

Your Relationship to Person Listed on Military Discharge Document: _____

| Year Discharged: | Branch of Service: | # of Certified Copies Requested: | Book: | Page: | Document #: |
|------------------|--------------------|----------------------------------|-------|-------|-------------|
| | | | | | |

SWORN STATEMENT

I _____, certify under penalty of perjury under the laws of the State of California, that:

(Printed Name)

- 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 document of the individual listed on the military discharge document being requested.

-OR-

- 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 document of the individual being requested and **a full social security number is required** to receive benefits.

Sworn this _____ day of _____ at _____, _____
(Day) (Month) (Year) (City) (State)

Signature: _____

Note: If submitting your order by mail, you must have your sworn statement notarized using a Certificate of Acknowledgment

CALIFORNIA ALL PURPOSE 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 California
County of _____

On _____ before me, _____
(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 paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**