

**Sonoma County Clerk-Recorder's Office**  
**INSTRUCTIONS FOR CERTIFIED COPY OF MILITARY DISCHARGE (DD-214)**

<b>1</b>	<p><b>DD-214 Information:</b></p> <p><b>Name of Veteran:</b> _____  <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p> <p><b>Date of Birth of Veteran:</b> _____ <b>Number of copies requested:</b> _____</p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____  <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> </p> <p>Address: _____  <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> </p> <p>Mailing Address: _____  <small>(if different than above)</small> <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> </p> <p>Telephone Number (with Area Code): (____) _____</p> <p>Photo ID type: _____ ID # _____</p>
<b>3</b>	<p>To obtain a Certified Copy of a DD-214 you must be authorized under section 6107 of the Government Code. Please check the appropriate line below:</p> <p><input type="checkbox"/> Person who is subject of the record.</p> <p><input type="checkbox"/> Family member or legal representative of person who is subject of the record (must present proper identification).</p> <p><input type="checkbox"/> County, city or state office that provides veteran's benefits upon written request of that office.</p> <p><input type="checkbox"/> United States Official upon written request of that official.</p>
<b>4</b>	<p>I, _____, swear under penalty of perjury that I am an authorized person, as defined in _____ (Printed Name) California Government Code Section 6107 and am eligible to receive a certified copy of the Military Discharge Document identified on this application form. Sworn this _____ day of _____, at _____ City, State.</p> <p>Signature _____</p>
<b>5</b>	<p style="text-align: center;"><b><u>THIS SECTION MUST BE COMPLETED FOR MAIL REQUESTS</u></b></p> <p style="text-align: center;"><b>CERTIFICATE OF ACKNOWLEDGEMENT</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>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.</p> </div> <p>State of _____  County of _____</p> <p>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 whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.</p> <p>I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p> <p>Signature _____ (seal)</p>
	<p><b>Office use only:</b> Receipt # _____ Date _____</p> <p>Clerk _____</p>

**Sonoma County Clerk-Recorder's Office**  
**INSTRUCTIONS FOR CERTIFIED COPY OF MILITARY DISCHARGE (DD-214)**

**DD-214 Information:**

**1**

Print or type date of discharge.  
Print or type number of copies requested.  
Print or type name of veteran.

**Applicant Information:**

**2**

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.

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(b) of the Government Code:

**3**

- (1) Person who is subject of the record, upon presentation of proper photo identification.
- (2) Family member or legal representative of person who is subject of the record (must present proper identification).
- (3) County office that provides veteran's benefits upon written request of that office.
- (4) United States Official upon written request of that official.

**DO NOT COMPLETE THIS PART UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.**

**4**

Section 103526(a) of the California Health and Safety Code requires anyone requesting a certified copy of a Military Discharge record by mail to complete and sign a sworn statement under penalty of perjury. If you appear in person, the notarization is not required.

**CERTIFICATE OF ACKNOWLEDGEMENT**

Complete Items 1 to 3 on the front of this application, and 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 your signature in the sworn statement in Item 4. Mail the original application and the sworn statement, with the appropriate fee, to:

**5**

Sonoma County Clerk-Recorder  
Attn: Copy Desk  
585 Fiscal Dr. 103  
Santa Rosa, CA 95403  
  
(707) 565-2651