

REQUEST FOR MILITARY DISCHARGE DOCUMENT

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

Date: _____ Phone number (including area code): _____

Photo ID #: _____

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

Applicant's mailing address: _____

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 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

(Printed Name)

California, that:

- 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

State of California

County of _____

On _____ before me, _____, personally appeared _____,

(Insert name and title of the 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.

WITNESS my hand and official seal.

Signature _____ **(Seal)**