APPLICATION FOR DD214 (MILITARY DISCHARGE)

The following individuals are authorized to receive a copy of a Military Discharge upon presentation of proper photo identification and certification of their relationship to the veteran:

- Veteran named on the discharge
- Family member of the veteran
- Legal representative of the veteran
- Government Agency that provides Veteran's benefits

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NUMBER OF COPIES	NU	MBER OF PAGES			DO NOT WRITE IN THIS SPACE
□ Norwalk	□ Norwalk □ District office				
Title of Document					
	DD214 - Military	Discharge			
Book & Page/Document Number					
Name on DD214					
Relationship to above					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date	Signature				
DL /ID					Veterans-See reverse side

DL/ID_____

Complete your name and address below.

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you quaffidavit.	ualify for a free certified o	opy under these provision	ons, comple	ete the following
	free certified copy of the jury that the free copy is		reverse side	e and declare
		in a claim for		
FEDERAL OR	STATE AGENCY		TYPE OF	BENEFIT
DATE	SIGNATURE OF V	IRE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP		ATIONSHIP OF AGENT
	NUMBER-STREET CITY	STATE	ZIP	

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.