

**AMADOR COUNTY CLERK/RECORDER**

**APPLICATION FOR CERTIFIED COPY OF DD-214(REPORT OF SEPARATION)**



<b>DD-214 Information</b>	Discharge Date:	Number of copies requested:	
Name of Veteran:	First	Middle	Last

**Applicant Information:**

Name:

Address:

Mailing Address:(if different then above)

Telephone Number:

Photo ID Type:

ID#:

**To obtain a Certified Copy of a DD-214 you must be authorized under Section 6107 of the Government Code. Please check the appropriate box below:**

- The person who is the subject of the record
- A County office that provides Veteran's benefits upon written request of that office
- A family member or legal representative of the person who is the subject of the record (ID required)
- A United States Official upon written request of that official

I, \_\_\_\_\_ swear under penalty of perjury that I am an authorized person, as defined in California Government Code Section 6107 and am eligible to receive a certified copy of the record identified on this application form. Sworn this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

at \_\_\_\_\_ Signature: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED FOR 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

Insert Name and Title of 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 )

**Office Use Only:** Instrument # \_\_\_\_\_ Date \_\_\_\_\_ Clerk \_\_\_\_\_