## **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

NUMBER OF COPIES		NUMBER OF PAGES		DO NOT WRITE IN THIS SPACE
□ Norwalk	☐ District office			
Title of Document			-	
Book & Page/Document Number				
Name on DD214				
Relationship to above				
	certify (or de t the foregoing is true and		perjury under the laws o	of
Date	Signature			
DL/ID				Veterans-See reverse side of first copy Veteranos-Vean el dorso
Complete your name	e and address below.			de la segunda copia
NAME				
STREET ADDRESS				
CITY	STATE	ZIP CODE		

## 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.

affidavit.	lify for a free certified	copy under these provis	ions, compl	ete the following	
I hereby apply for a frounder penalty of perju		e record as shown on the s to be furnished to	e reverse sic	le and declare	
		_ in a claim for			
FEDERAL OR STATE AGENCY			TYPE OI	TYPE OF BENEFIT	
DATE	SIGNATURE OF	veteran or authorized agen	T REL	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.