SUTTER COUNTY CLERK/RECORDER APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE RECORD (DD-214)

Veteran's Military Discharge Information (pleas	e print or type):		
First, middle, and last name of person who was discharged		Date of discharge	Date of recordation (if known)*
*If you do not know the exact recording date, an approximate	year is acceptable.		
Applicant Information:			
First, middle, and last name of person requesting copies		Phone number (including area code)	# of copies requested
Applicant's address (street name and number, city, state, and Zip code)			
Delivery address (street name and number, city, state, and Zip code) if different than above			
Certified copies of a DD-214 may only be issued to one of the following as defined in section 6107(b) of the Government Code. Pursuant to section 27303.5 of the Government Code, a DD-214 official record may be issued if a full Social Security number is required to receive benefits. Please indicate which definition qualifies you to obtain a certified copy:			
The person who is the subject of the record A family member or legal representative of the person who is the subject of the record			
A state, county, or city office that provides veteran's benefits services upon written request of that office.			
A United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services.			
Complete the Sworn Statement when you appear before a Notary Public who will also prepare the Certificate of Acknowledgement below.			
Sworn Statement			
I,, swear under penalty of perjury under the laws of the State of California, that: Printed Name of Applicant			
Printed Name of Applicant			
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 record (DD214)			
identified on this application form -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 record (DD214) identified on this application form and a full social security number is required to receive benefits.			
Sworn to this day of Month	,	at	
Day Month	· ·	/ear Ci	ty and State
Signature:			
Certificate of Acknowledgement			
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.			
Chata of			
State of			
County of			
On, before	e me,		, personally
appeared, 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:	ature: [Seal]		
Return completed form to: Sutter County Recorder, 433 Second St, Yuba City, CA 95991 or fax to: (530) 822-7214			
FOR OFFICIAL USE ONLY: Book	Dage	# of Pages	Staff Initials
DOOK	Page	# OI rayes	Stair illitials