



# COUNTY OF HUMBOLDT

## COUNTY CLERK / RECORDER

825 5TH STREET, FIFTH FLOOR  
EUREKA, CALIFORNIA 95501

PHONE (707) 445-7593 FAX (707) 445-7324

www.humboldt.gov/org/recorder

### APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE (DD 214). PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

<b>1</b>	<b>DD214 INFORMATION</b> Name Used During Service <input type="text"/> <input type="text"/> <input type="text"/> First Middle Last Branch of Service <input type="text"/> Date Released <input type="text"/> Year of Recording <input type="text"/> Document Number (If known) <input type="text"/>		
<b>2</b>	To obtain a Certified Copy, you must check the appropriate box below: <b>I am:</b> The person who is the subject of the military discharge document. A child, parent, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the military discharge record. A 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.		
<b>3</b>	<table border="1"><tr><td data-bbox="159 987 828 1386"><b>Requested by:</b> <input type="text"/> Name <input type="text"/> Street Address <input type="text"/> Additional Address Info <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Ph. #: <input type="text"/></td><td data-bbox="836 987 1497 1386" style="background-color: #e0ffe0;"><b>BELOW SECTION FOR OFFICE USE ONLY:</b> Document # <input type="text"/> Type of ID and Identifying Numbers <input type="text"/> Clerk <input type="text"/> Counter      Mail      Government Agency      Unredacted</td></tr></table>	<b>Requested by:</b> <input type="text"/> Name <input type="text"/> Street Address <input type="text"/> Additional Address Info <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Ph. #: <input type="text"/>	<b>BELOW SECTION FOR OFFICE USE ONLY:</b> Document # <input type="text"/> Type of ID and Identifying Numbers <input type="text"/> Clerk <input type="text"/> Counter      Mail      Government Agency      Unredacted
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<b>4</b>	I hereby certify 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 record (DD214) identified on this application form and a full social security number is required to receive benefits.		
<b>5</b>	I, _____ swear and affirm under penalty of perjury that I am an authorized <small>Print Full Name</small> person, as defined in Government Code Section 6107 (b), eligible to receive a certified copy of a Military Discharge identified on this application form.  Sworn: _____, at _____ <small>(Date) (City, State)</small>  Signature: _____ <small>(Applicant Signature) (If ordering in person you must sign in front of the Clerk)</small>		

# INSTRUCTIONS TO COMPLETE APPLICATION FOR A CERTIFIED COPY OF A MILITARY DISCHARGE (DD 214)

<b>1</b>	<p><b>DD 214 Information:</b></p> <p>Give all the information you have available for the identification of the record.</p> <p>Humboldt County only has records of DD 214's that were recorded in Humboldt County. For all other DD 214's you must contact the county in which the DD 214 was recorded or contact the National Personnel Records Center, Military Personnel Records, 9700 Page Avenue, St. Louis, MO 63132-5100. (Phone number: (866) 272-6272)</p>
<b>2</b>	<p>Section 6107 of the California Government code restricts who is allowed to obtain a certified copy of a DD 214. You must be one of the authorized persons described in the five sentences in section 2 on the front of this application.</p> <p>Please check the box that allows you to obtain the authorized certified copy.</p>
<b>3</b>	<p>Print or Type name of person ordering copy.</p> <p>Print of Type address of person ordering copy.</p>
<b>4</b>	<p>Government Code section 27303.5 allows an authorized person who requires the full social security number to receive benefits to obtain an unredacted copy of a DD 214. If you do not check this box, the certified copy issued to you will not show the first five digits of the social security number.</p>
<b>5</b>	<p><b>A governmental issued I.D. is required if ordering in-person.</b></p> <p>Section 103526 of the California Health and Safety Code requires anyone requesting a certified copy of a DD 214 to complete and sign the sworn statement on the front of this application. Please print your name in the space provided, complete the space for the date and location for when and where you sign this statement.</p>

**BY MAIL: Complete the sworn statement in section 4 on the front of this application and complete the notary statement below in front of a notary public. When submitting multiple certificate requests at the same time, all requests must contain the completed sworn statement on the front of this application but only one request would require a notary statement. A representative of a state or local government agency, as provided by law, who applies for a certified copy of a DD 214 conducting official business is NOT required to provide the notarized statement.**

**Send the completed application to the address as listed on the top of the application on the first page.**

<b>Certificate of Acknowledgement</b>	
<p>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.</p>	
STATE OF _____ }	
COUNTY OF _____ }	
On _____	before me, _____, personally appeared
<small>(Date)</small>	<small>(Print Name and Title of Official)</small>
_____	
<small>(Insert name of person being acknowledged)</small>	
<p>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 acknowledge 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.</p> <p>I Certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.</p> <p>WITNESS my hand and official seal.</p>	
Signature _____	(Seal)
<small>(Officer Signature)</small>	