

APPLICATION FOR CERTIFIED COPY OF MILITARY DISCHARGE

DD-214 Information:

Name of Veterar	ı:				
		Last First Branch of Service:		Middle Date of Recording (if known)	
Discharge Date:					
Applicant Informa	tion:				
Name:	Fire	-1	N.C. (Latte	1	
Address:		ST	Middle	Las	ST
Number	and Street	City		State	Zip Code
Mailing Address:	Noveles and Otres	-1	0.1	Otata	7'- 0-1-
(if different than above)	Number and Stre	et	City	State	Zip Code
Telephone No. with Are	a Code: ()			
Photo I.D. Type:			I.D. #		
Family me County offi United Sta	ce that provides	resentative of perso veteran's benefits (i written request of th	upon written request on at official)	e record (must present f that office) nat I am an authorized	
(Printed Na California Government Sworn this day of Signature:	Code Section 610	07 and am eligible t	to receive a certified co	opy of the record identi	ified on this application form.
	THIS SEC	CTION MUST B	E COMPLETED F	OR MAIL REQUE	<u>STS</u>
			te of Acknowled	•	
* *		•	•	dentity of the individuccuracy, or validity of	al who signed the document to f that document.
State of					
On	before me, _	(nai	me and title of the officer	,	
), and that by his/	nstrument and ackn	nowledged to me that I	ne/she/they executed the	ence to be the person(s) whose he same in his/her/their tity upon which the person(s)
I certify under PENALT	Y OF PERJURY (under the laws of th	e State of California t	nat the foregoing parag	graph is true and correct.
WITNESS my hand and	d official seal				
(Notary Signature)				(Seal)	

DD214 APP Rev 11-2016 2.xls