## **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

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NUMBER OF COPIES		NUMBER OF PAGES			DO NOT WRITE IN THIS SPACE
□ Norwalk	□ Norwalk □ District office				
Title of Document					
	DD214 - Mili	tary Discharge			
Book & Page/Document Number					
Name on DD214					
Relationship to above					
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l	ws of				
the State of California tha	at the foregoing is true and	correct.			
Date	Signature				
· · -					Veterans-See reverse side

DL/ID\_\_\_\_\_

Complete your name and address below.

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia

## 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.

If you believe you qualify for a free certified copy under these provisions, complete the following

affidavit.	,	. ,		, ·		
I hereby apply for a fr under penalty of perju				reverse side	e and declare	
		in a cla	aim for			
FEDERAL OR STATE AGENCY				TYPE OF BENEFIT		
DATE	SIGNATU	JRE OF VETERAN OF	R AUTHORIZED AGENT	RELA	TIONSHIP 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.