

DD-214 COPY REQUEST - REPORT OF MILITARY SEPARATION

Copy Request can be mailed to: Santa Barbara Clerk-Recorder
P.O. Box 159
Santa Barbara, CA 93102-0159

Or, Faxed to: (805) 568-2266

Or, made in person at one of our Clerk-Recorder facilities. Office locations and hours are on our website: www.sbcrecorder.com.

Fees: FREE (pursuant to GC Section 6107)

Notice: All mail or faxed orders must be accompanied by the attached Sworn Statement and must have the Notarized Certificate of Acknowledgement completed-see second page.

I would like a **CERTIFIED COPY** of the record identified on the application form. In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.

I am:

- The person who is the subject of the record upon presentation of proper photo identification.
 - A family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record.
 - A county 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.
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Number of copies requested _____

VETERAN'S INFORMATION

Name: _____
First Middle Last

Date Of Birth: _____
Month Day Year

Approximate date discharge recorded: _____

REQUESTOR'S INFORMATION (mailing address)

Name: _____

Address: _____

City/State/Zip code: _____

If Other than Veteran:

Purpose: _____

PLEASE COMPLETE THE NEXT PAGE

**DD-214 COPY REQUEST - REPORT OF MILITARY SEPARATION
SWORN STATEMENT**

I, _____, declare under penalty of perjury under the laws of the State of California,
(Printed Name of Applicant)

that I am an authorized person, and am eligible to receive a copy of the DD-214 of the following individual(s):

| Name of Person Listed on DD-214 | Your Relationship to the Person Listed DD-214 |
|---------------------------------|---|
| | |
| | |
| | |

(The remaining information must be completed in the presence of a Notary Public or County Clerk and Recorder staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)



YOU MUST SIGN IN FRONT OF A NOTARY PUBLIC OR
COUNTY CLERK STAFF

(Signature of person requesting DD-214)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

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.

State of _____)

County of _____)

On _____, before me, _____, personally
(insert name and title of officer)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.
(NOTARY SEAL)

NOTARY SIGNATURE