PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER
www.riversideacr.com

Assessor
(951) 955-6200

County Clerk-Recorder
(951) 486-7000

Mailing Address
P.O. Box 751
Riverside, CA 92502-0751

APPLICATION FOR CERTIFIED COPY OF A MILITARY DISCHARGE (DD 214).

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1 **DD214 INFORMATION**

Name Used During Service _____
First Middle Last

Branch of Service _____ Date Released _____

Year of Recording _____ Document Number (If known) _____

Number of Copies _____

2 To obtain a Certified Copy you must check the appropriate box below:

I am:

- ☐ 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 member or representative of a state, county, or city office that provides veteran's benefits.
- ☐ A United States official.

3 **Requested by:**

Name _____

Street Address _____

City State Zip _____

Ph: ( ) _____

BELOW SECTION FOR OFFICE USE ONLY:

Receipt #	Document #
Type of I.D. and Identifying Numbers	Clerk Initials

Counter	Mail	Government Agency	Unredacted
❑	❑	❑	❑

4 ☐ 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.

5 I, _____ swear or affirm under penalty of perjury that I am an authorized person, as defined in Government Code Section 6107 (b), eligible to receive a certified copy of a Military Discharge identified on this application form.
Print Full Name

Sworn: _____ , at _____
(Date) (City, State)

Signature: _____
(Applicant Signature) (If ordering in person you must sign in front of the Clerk)

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

1	**DD 214 Information:** Give all the information you have available for the identification of the record. Riverside County only has records of DD 214's that were recorded in Riverside 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).
2	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. Please check the box that allows you to obtain the authorized certified copy.
3	Print or type name of person ordering copy Print or type address of person ordering copy
4	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 DD214. 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.
5	**A governmental issued picture I.D. is required if ordering in-person**. 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.

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 the 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 application to Riverside County Recorder, P.O. Box 751, Riverside, CA 92502-0751

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 CALIFORNIA }
COUNTY OF _____}

On _____ before me, _____, personally appeared
(Date) (Print Name and Title of Official)

_____ ,
(Insert name of person being acknowledged)

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 _____ (Seal)
(Officer signature)