

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

NUMBER OF COPIES		NUMBER OF PAGES			DO NOT WRITE IN THIS SPACE
<input type="checkbox"/> Norwalk		<input type="checkbox"/> District office			
Title of Document					
DD214 - Military Discharge					
Book & Page/Document Number					
Name on DD214					
Relationship to above					
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date _____ Signature_____					

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**

