



**COUNTY OF SAN DIEGO
ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK**



APPLICATION FOR COPY OF MILITARY DISCHARGE RECORD IN PERSON or BY MAIL

California Government Code Section 6107(b) permits only authorized persons as defined below to receive a certified copy of any "discharge, certificate of service, certificate of satisfactory service, notice of separation, or report of separation of any member of the Armed Forces of the United States."

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

- I am:
- The person who is the subject of the record.
 - A family member or legal representative of the person who is the subject of the record.
 - A member/employee of _____, a county office that provides veteran's benefits services.
 - A United States official authorized to obtain this record on behalf of the following office/department _____.

MILITARY DISCHARGE INFORMATION (PLEASE PRINT OR TYPE)

Name on Document - First Name	Middle Name	Last Name
Date of Discharge/Separation		

STATEMENT OF IDENTITY FOR AUTHORIZED PERSON

I, _____, swear under penalty of perjury that I am an authorized person, as I have indicated above, and am eligible to receive a certified copy of the military record identified on this form.

Sworn this _____ day of _____, 20_____, at _____, _____.

(Day) (Month) (Year) (City) (State)

Applicant's Signature

Note: Your signature MUST be notarized if applying by mail. Notarization is NOT required if applying in person. (*)

(*) Members of a **law enforcement** agency, **state** and **local government** agencies are **exempt** from notarization. Federal agencies are required to have the sworn statement notarized, unless the federal agency falls under the definition of a law enforcement agency.

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 to the truthfulness, accuracy, or validity of that document.

California Acknowledgment

State of California)
County of _____)
On _____ before me, _____, Notary Public,
personally appeared _____
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.

(Seal)

Notary Signature

Personally Known **OR** Produced Identification
Type of Identification produced _____

Mail to:
Name _____
Address _____
City, State, Zip _____
E-mail _____
Phone (_____) _____

Mail this request to:
San Diego Recorder/County Clerk
ATTN: Vital Records
P.O. Box 121750
San Diego, CA 92112-1750