



CHECK HERE TO RECEIVE THIS REQUEST BY CERTIFIED MAIL. ENCLOSE A CHECK FOR \$5.50 PAYABLE TO KINGS COUNTY CLERK/RECORDER TO COVER THE ADDITIONAL COST OF MAILING.

REQUEST FOR MILITARY DISCHARGE DOCUMENT

Requested by: _____ Date _____

PHOTO ID#: _____ Waiting _____ Will pick up _____
(If submitting request by mail, attach a legible copy of photo ID) Yes/No Yes/No

Mail to:

To receive a Certified Copy, I am:

- The person who is the subject of the military discharge document
A family member or legal representative of the person who is the subject of the military discharge document
A county office that provides veterans' benefits.
A United States official.

Table with 6 columns: YEAR, BRANCH OF SERVICE, DOCUMENT #, BOOK, PAGE, NO. OF CERTIFIED COPIES NOT TO EXCEED 5

SWORN STATEMENT

_____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person as defined in California Health and Safety Code Section 103526 ©, and am eligible to receive a certified copy of the Military Discharge Document of the following individual:

Table with 2 columns: Name of Person Listed on Military Discharge Document, Relationship to Person Listed on Military Discharge Document

Sworn this _____ day of _____, at _____, _____, _____
(Day) (Month) (Year) (City) (State)

_____, (Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized 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 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.

Signature _____