



**LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK**

DEAN C. LOGAN

Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY - MILITARY DISCHARGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Military Discharge (DD214).

Name on Discharge _____

Requestor _____

Relationship to Veteran _____

I, _____ (**Print Name**), declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined per Government Code 6107(b) and am eligible to receive a certified copy of the military discharge record for the individual listed above.

Subscribed to the _____ day of _____, 20____, at _____, _____.
(Day) (Month) (Year) (City) (State)

Signature: _____

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.

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) SS
County of _____)

On _____, before me _____ personally appeared
(Date) (Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person 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

R423 3/22