

COPY REQUEST

FOR MILITARY DISCHARGE DOCUMENT

REQUESTOR:

Date: _____ Name: _____

Phone #: (____) _____ Photo ID # & Expiration: _____

Mailing Address: _____

Please check the box below that authorizes you to request a copy of a military discharge document from the Yuba County Recorder (Government Code 6107(b)):

- I am the person who is the subject of the military discharge document.
- I am a family member or legal representative of the person who is the subject of the military discharge document.
What is **your** relationship to the person listed on the military discharge document? _____
- A county, city or state office that provides veterans' benefits.
- A United States official.

MILITARY DISCHARGE DOCUMENT INFORMATION:

Name of person listed on military discharge document: _____

Year Discharged: _____ Branch of Service: _____

Document # or Book & Page: _____

How many copies do you want? (*Copies are free*) _____

SWORN STATEMENT:

I _____, certify under penalty of perjury under the laws of the
(Printed Name)
State of California that the foregoing is true and correct; and, I am an authorized person per GC 6107(b) who is eligible to receive a certified copy of the military discharge document described on this form.

Type of Copy Requested (applies to documents recorded on or after 1/1/1980):

- I am requesting only the last 4 digits of my social security number be shown on the record.
- As a requirement to receive benefits, I am requesting the full social security number be shown on the record.

Signature: _____ Date: _____

Place Signed: _____, _____
(City) (State)

IMPORTANT INFORMATION:

- If you are submitting this form in person, you must bring your photo ID.
- If you are submitting this form one of the following ways, you must include a copy of your photo ID and have the above sworn statement notarized using an Acknowledgment form (see reverse).
 - MAIL: Yuba County Recorder, 915 8th St., Ste. 107, Marysville, CA 95901
 - FAX: (530) 749-7854
 - EMAIL: www.recorder@co.yuba.ca.us

(See Reverse for California Acknowledgment Form)

For Yuba County Recorder Use Only

ID Verified Date Received: _____ Pickup: _____ Mailed: _____ Deputy: _____

CALIFORNIA 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, _____
(Insert name and title of the officer)

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 _____ **(Seal)**

Notary Phone # _____