

**APPLICATION FOR CERTIFIED COPY**

**OF DD214**

**Veteran's Name** \_\_\_\_\_

**Relationship to Veteran** \_\_\_\_\_

**Signature and address of person making this application:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Certified Copies**

**Book** \_\_\_\_\_ **Page** \_\_\_\_\_      **Book** \_\_\_\_\_ **Page** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_,

**20** \_\_\_\_\_.

\_\_\_\_\_  
**Notary**

**My Commission Expires:** \_\_\_\_\_