



TULARE COUNTY APPLICATION FOR MILITARY SERVICE RECORD

CERTIFICATE INFORMATION -PLEASE PRINT LEGIBLY OR TYPE

Name on Military Discharge - First Name:	Middle Name:	Last Name:
Approximate Date of Discharge:	Branch of Service:	
Approximate Year of Recording:		Number of Copies Requested:

APPLICANT INFORMATION-PLEASE PRINT LEGIBLY OR TYPE

Name of Person Completing Application:		
Relationship to Subject of Record:	Phone Number (include area code):	
Address - Number, Street, and Unit# (if applicable):		
City:	State:	Zip Code:

I agree not to use the Military Discharge obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Government Code Section 6107(b).

- ☐ I am the person who is the subject of the record upon presentation of proper photo identification.
- ☐ I am a family member or legal representative of the person who is the subject of the record upon presentation of proper photo identification and certification of their relationship to the subject of the record.
- ☐ I represent a state, county, or city office that provides veteran's benefits services upon written request of that office. (per GC6109(b)(3))
- ☐ I am a United States official upon written request of that official. A public officer or employee is liable on his or her official bond for failure or refusal to render the services.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Place of Execution

BELOW SECTION FOR RECORDER'S USE ONLY

Document Number:	License/ID Number:	Expiration Date:
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Signature of Requestor

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)