



**COUNTY OF GLENN  
CLERK-RECORDER**

516 West Sycamore Street, 2<sup>nd</sup> Floor  
Willows, CA 95988

**SENDY PEREZ**  
Assessor  
County Clerk  
Recorder  
Elections

(530) 934-6412 FAX (530) 934-6571

**REQUEST FOR MILITARY DISCHARGE DOCUMENTS**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

PHOTO ID#: \_\_\_\_\_  
(If submitting request by mail, attach a legible copy of photo ID)

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 State, County or City office that provides veterans' benefits.
- A United States official.

YEAR	BRANCH OF SERVICE	DOCUMENT #	BOOK	PAGE	1 CERTIFIED COPY	2 CERTIFIED COPIES

**SWORN STATEMENT**

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

Name of Person Listed on Military Discharge Document	Relationship to Person Listed on Military Discharge Document

Sworn the \_\_\_\_ 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.**

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A notary public or other officer completing this certificate verifies on the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

### **CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
(Insert the name and title of the officer)

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.

(NOTARY SEAL)

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NOTARY SIGNATURE