

**APPLICATION FOR CERTIFIED COPY OR
PHOTOCOPY OF MILITARY RECORD**

Type of copy (check one) Certified Photocopy

NAME OF VETERAN _____

Birth date of Veteran _____

Relationship of Person/Agency Receiving this copy to the person named on the Record:

Self Immediate Family-Relationship _____

Authorized Agent or Representative: (check one) POA Funeral Director

Attorney Other: _____

75-year old record Ordered by court

Required by federal or state government or political subdivision
(VA director, etc.)

Reason for needing this copy _____

Applicant's signature

Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street : _____

City, State, Zip: _____

INCLUDE A CLEAR PHOTO COPY OF YOUR IDENTIFICATION (i.e., driver's license)