

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: _____

62-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

phone #

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____

INCLUDE A CLEAR PHOTO COPY OF YOUR IDENTIFICATION (driver's license)