

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 the Person/Agency Receiving this copy of 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

Date

Day Phone #

Name and Address of Person receiving the copy (REQUIRED)

Name: _____

Address: _____

City, State, Zip: _____



For office use only:

Vol: _____ Page _____

Clerk: _____