

**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 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

Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____