

**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:

*Immediate family members include: spouse, children, legal parents, grandparents, grandchildren and siblings.

_____ Self
_____ Immediate Family - Relationship: _____

Authorized Agent or Representative: (check one)

_____ POA
_____ Funeral Director
_____ Attorney
_____ Other: _____

_____ 62-year old record (from date of separation)
_____ 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 & Address of person receiving this copy: (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____

If this request is being made through the mail, you need to include a copy of your Photo ID. (e.g. driver's license)

Date processed & given or mailed to customer: _____