

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

Date: _____

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: _____