

# Application for Military Record

Type of Copy: \_\_\_\_\_ Certified \_\_\_\_\_ Photocopy

Name of Veteran: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_

Relationship of person/agency receiving this copy to the person names on the record: \_\_\_\_\_

Reason for needing this copy:

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Applicant's signature

Date

Day Phone #

Name and address of person receiving this copy (required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Signature must be notarized if applying by mail**

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ my commission expires: \_\_\_\_\_

Notary Public Signature

**Delaware County Recorder  
301 E Main St, Rm 204  
Manchester, IA 52057  
563-927-4665**