

**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: \_\_\_\_\_

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 \_\_\_\_\_ Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

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

Street: \_\_\_\_\_

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