

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of copy: (check one) _____ Certified _____ Photocopy

Date of application: _____

Name of Veteran: _____

Birthdate of Veteran: _____

Relationship of the person/agency receiving this copy to the person name on the record:

_____ Self

_____ Immediate Family – relationship: _____

_____ Authorized agent or representative: (also check one below)

_____ Power of Attorney

_____ Funeral Director

_____ Attorney

_____ Other: _____

_____ 62 year old record

_____ Ordered by court

_____ Required by federal/state government or political subdivision (VA director, etc.)

Reason for needing this copy: _____

Name & address of person receiving this copy:

Name: _____

Street: _____

City, State, Zip: _____

Applicant's signature: _____ Applicant's phone #: _____

***** If request is being made through the mail, please enclose a copy of your current government issued photo ID and have signature notarized by a Notary Public.**

State of _____, County of _____

This record was acknowledged before me on _____, by _____

_____.

Seal

Signature of Notary Public