

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: \_\_\_\_\_

Date: \_\_\_\_\_

Approved Identification:  
Driver's License \_\_\_\_\_

Other (explain) \_\_\_\_\_