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:	9
Self Immediate Family – relationship:	
Authorized Agent or Representative: (check one) POA Funeral Director	
AttorneyOther:	
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:	