

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: _____