

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: _____

Reason for needing this copy:

Applicant's Signature

Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____