

Application for Certified Copy of a Military Record

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)

_____ Attorney

_____ Court Order

_____ Federal or State Government

_____ Funeral Director

_____ POA

_____ Record is older than 62 years

_____ Other: _____

Reason for needing this copy:

Applicant's Signature

Date & Phone #

Name and address of person receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____