

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 #

Applicant's name as it appears on photo I.D. (*Print clearly*) _____

State of _____ County of _____ ss (SEAL)

Signed and affirmed in my presence on this _____ day of _____, _____.

_____ My commission expires: _____

Notary Public Signature

Name and Address of Person Receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____