

**APPLICATION FOR CERTIFIED COPY
OR PHOTOCOPY OF MILITARY RECORDS**

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: _____

State of _____ County: ss

On this _____ day of _____, _____, before me, the undersigned, a Notary Public in and for said State, Personally Appeared _____ to me known to be the identical persons named in and who executed the foregoing instrument and acknowledge that _____ executed the same as _____ voluntary act and deed.

(Seal)

Notary Public

PLEASE INCLUDE A COPY OF YOUR PHOTO ID.