

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

Type of copy (check one) Certified Photocopy

NAME OF VETERAN _____

Birth date of Veteran _____

Social Security # or Serial # of Veteran _____

Relationship of the Person/Agency receiving this copy to the person named on the Record:

- Self
- Immediate Family – relationship: _____

Or Authorized Agent or Representative: (check one)

- POA
- Funeral Director
- Attorney
- Other: _____
- 62-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 Date

Name and address of person receiving this copy (REQUIRED)

Name: _____

Street: _____

City, State, Zip: _____

Daytime Phone Number: _____

If this request is being made through the mail, you need to include a copy of your photo identification (e.g. driver's license).