

**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: \_\_\_\_\_

75 year old record

ordered by court

required by federal or state government or political subdivision  
(VA director, etc.)

Reason for needing this copy:

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Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Name and address of person receiving this copy (REQUIRED)

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_