

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

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

\_\_\_\_\_  
Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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