

**APPLICATION FOR CERTIFIED COPY OF MILITARY RECORD**

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

\_\_\_\_\_  
Daytime phone number

Name and Address of Person receiving this copy (REQUIRED)

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

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

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

Date of Application: \_\_\_\_\_