

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of Copy (check one) Certified Photocopy

Name of Veteran _____

Date of Birth of Veteran _____

*Relationship to the Veteran _____

Authorized agent: Legal Representative: Funeral Director

75 year old record Court order (attached)

Federal or State government or political subdivision

Applicants Signature

Day Phone

Name and address of Person receiving this copy:

Name: _____

Street: _____

City, State, Zip: _____

* Immediate family member includes: spouse, children, legal parents, grandparents, grandchildren, and siblings.