

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

1. Date of Application \_\_\_\_\_
2. Type of copy (check one) \_\_\_\_\_ Certified \_\_\_\_\_ Photocopy
3. NAME OF VETERAN \_\_\_\_\_
4. Birthdate of Veteran \_\_\_\_\_
5. Relationship (of the person receiving this copy) to person named on the DD 214:  
    \_\_\_ Self  
    \_\_\_ Immediate Family and relationship: \_\_\_\_\_  
    \_\_\_ Authorized Agent/Representative: (check one)  
        Power of Attorney \_\_\_\_\_  
        Funeral Director \_\_\_\_\_  
        Attorney \_\_\_\_\_  
        Other (explain relationship) \_\_\_\_\_  
    \_\_\_ 75-year old record  
    \_\_\_ Ordered by court  
    \_\_\_ Required by Federal/State Government/political subdivision (i.e. VA director, etc.)

6. Reason for needing this copy: \_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_ Daytime Ph # \_\_\_\_\_  
Applicant's signature

Name and address of person receiving this copy (REQUIRED)

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

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

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

\*\*\* If requesting by mail, please send photocopy of driver's license along with a stamped, self-addressed envelope\*\*\*