

**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 or agency 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 or state government or political subdivision  
    (example: VA director, etc.)

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

Applicant's signature \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

8. Name and address of person receiving this copy (REQUIRED)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

\*\*\* If mailing, please send photocopy of driver's license\*\*\*