

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

<p><b>Signature must be notarized if applying by mail</b> (SEAL)</p> <p>State of _____ County of _____ ss</p> <p>Signed and affirmed in my presence on this ____ day of _____</p> <p>_____ My commission expires: _____</p> <p>Notary Public Signature</p>	<p><b>Administrative Use Only</b></p> <p>I.D. _____</p> <p>Initials _____</p>
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*\*\*\* If mailing, please send photocopy of driver's license \*\*\**