APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

1) Type of Copy (check one) ☐ Certified ☐ Photocopy

2) **NAME OF VETERAN** _____
FIRST MIDDLE LAST

3) Birth date of Veteran _____
MM DD YYYY

4) Relationship of the Person/Agency Receiving This Copy to the Person Named on the Record:

☐ Self ☐ Immediate Family – relationship: _____

OR: Authorized Agent/Representative: (**check one**)

☐ POA ☐ Funeral Director

☐ County Director of Veteran's Affairs

☐ Attorney ☐ Other _____

☐ 75-year old record ☐ Ordered by court

☐ Required by federal or state government or political subdivision (VA director, etc.)

5) Reason for Needing this Copy: _____

6) Number of Copies _____

7) _____ (_____)_____
Applicant's signature Day phone #

8) Name and Address of Person Receiving this Copy **(REQUIRED)**
(please print/type)

Name: _____

Street: _____

City, State, Zip: _____

NOTE: As of July 2003, military personnel records maintained by the county recorders in Iowa became confidential records with only a few individuals or agencies entitled to copies.

FOR OFFICE USE ONLY

Verification Shown _____

Date _____ Initials _____

07012003