

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of Copy (CHECK ONE) _____ Certified _____ Photocopy

Name of Veteran: _____

Birth Date of Veteran: _____

How are you related to the person named on the record? (CHECK ONE)

_____ Self

_____ Immediate Family: (Relationship: _____)

_____ Authorized Agent/Representative: _____ POA _____ Funeral Director

_____ Attorney

_____ 62- Year Old Record

_____ Required by Federal or State Government or Political Subdivision (VA Director, etc.)

_____ Other

Reason for needing this copy: _____

Applicant's Signature

Phone Number

Name & Address of Person Receiving this Copy (REQUIRED):

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

State of Iowa, County of Wapello

On _____, before me, _____,
(date) (notary)

personally appeared, _____,
(signers)

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(notary signature)