

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

1) Type of Copy (check one) Certified Photocopy

2) **NAME OF VETERAN** _____

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.

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FOR OFFICE USE ONLY

Verification Shown _____

Date _____ Initials _____