## APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

1) Type of Copy (check one) $\Box$ Certified $\Box$ Photocopy
2) NAME OF VETERAN
3) Birth date of Veteran
<ul> <li>4) Relationship of the Person/Agency Receiving This Copy to the Person Named on the Record:</li> <li>Self</li> <li>Immediate Family – relationship:</li></ul>
<b>OR:</b> Authorized Agent/Representative: (check one)
POA Funeral Director
County Director of Veteran's Affairs
□ Attorney □ Other
$\Box$ 75-year old record $\Box$ 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:
<b>NOTE:</b> 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