

Application for Certified Copy or Photocopy of Military Record

Type of copy: \_\_\_\_\_ Certified \_\_\_\_\_ Photocopy

Name of Veteran: \_\_\_\_\_

Birth Date of Veteran: \_\_\_\_\_

Relationship of the Person/Agency receiving this copy to the person named on the Record:

\_\_\_\_\_ Self

\_\_\_\_\_ Immediate Family – Relationship \_\_\_\_\_

Authorized Agent or Representative:

\_\_\_\_\_ Power of Attorney

\_\_\_\_\_ Funeral Director

\_\_\_\_\_ Attorney

\_\_\_\_\_ Other: \_\_\_\_\_

Reason for needing this copy: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Name and Address of person receiving this copy (REQUIRED):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mail this form and a copy of your current Government Issued Photo ID to:

Poweshiek County Recorder · 302 E Main St · PO Box 656 · Montezuma, IA 50171 · (641) 623-5434