

**APPLICATION FOR CERTIFIED COPY  
OR PHOTOCOPY OF MILITARY RECORD**

Type of copy (check one) \_\_\_\_\_ 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: (check one) \_\_\_\_\_ POA \_\_\_\_\_ Funeral Director

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

\_\_\_\_\_ 75-year old record \_\_\_\_\_ ordered by court

\_\_\_\_\_ required by federal or state government or political subdivision (VA Director, etc.)

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

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

\_\_\_\_\_  
Day telephone number

Return to:  
Franklin County Recorder's Office  
PO Box 26  
Hampton, IA 50441