

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

1. Date of Application _____
2. Type of copy (check one) _____ Certified _____ Photocopy
3. NAME OF VETERAN _____
4. Birthdate of Veteran _____
5. Relationship (of the person receiving this copy) to person named on the DD 214:
 ___ Self
 ___ Immediate Family and relationship: _____
 ___ Authorized Agent/Representative: (check one)
 Power of Attorney _____
 Funeral Director _____
 Attorney _____
 Other (explain relationship) _____
 ___ 62-year old record
 ___ Ordered by court
 ___ Required by Federal/State Government/political subdivision (i.e. VA director, etc.)

6. Reason for needing this copy: _____

7. _____ Daytime Ph # _____
Applicant's signature

Name and address of person receiving this copy (REQUIRED)
Name: _____
Street: _____
City, State, Zip: _____

*** If requesting by mail, please send photocopy of driver's license along with a stamped, self-addressed envelope***

**SUSAN SMITH
O'BRIEN CO. RECORDER
Box 340
PRIMGHAR, IA 51245-0340**