

**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

Daytime Telephone Number

RETURN TO:

Hardin County Recorder's Office
1215 Edgington Ave., Suite 4
PO Box 443
Eldora, IA 50627

APPLICANT'S NAME AND ADDRESS:

