APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of copy (check one) □ Certified □ Ph	otocopy	
Name of Veteran:		
Birth Date of Veteran:		
Military Discharge Records are confidential.		
To be entitled to the record you must fit one	of the criteria below:	
Relationship of the person/agency receiving t	his copy to the person named on re	ecord:
□ Self		
□ <u>Immediate</u> Family only: Relationship:	(In-lav	ws are not eligible)
Authorized agent or representative: (check or	ne) 🗆 POA 🗆 Funeral Director	□ Attorney
□ Other:		
□ 62 year old record □ Ordered by court		
□ Required by federal or state government or	political subdivision (VA director, e	etc.)
Reason for needing this copy:		
Applicant's signature Date	Daytime phone	#
Name and address of person receiving this co	py. Send copy of your photo ID (R	EQUIRED)
Name:		
Street:	Return to: N	Monona County Recorder Kelly Parsley
City, State, Zip:		610 Iowa Ave. Onawa, IA 51040
		3, 3.10 10

Phone: 712-433-2575