

Date: _____

Bk _____ Page _____ Doc# _____

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of copy (check one) ☐ Certified Copy ☐ 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

Applicant's Day Phone #

Signature must be notarized if applying by mail

State of _____ County of _____ ss _____ (SEAL)

Signed and affirmed in my presence on this _____ day of _____, _____

_____, My commission expires: _____

Notary Public Signature

PLEASE INCLUDE A COPY OF YOUR VALID ID WHEN APPLYING BY MAIL

Name and Address of Person Receiving this copy (REQUIRED)

Name _____

Street _____

City, State Zip _____

Please Return completed form to:

**Jolene Hickie, Worth County Recorder/Registrar
1000 Central Avenue, Northwood IA 50459
641-324-2734**