

APPLICATION FOR MILITARY RECORD RELEASE

Name of Veteran: _____

Birthdate of Veteran: _____

Type of copy requested: Certified copy
 Photocopy

Veteran is: Alive
 Deceased

How are you related to the Veteran named on the record?

- Self
- Immediate Family: Relationship: _____
- Attorney
- Authorized Agent/Representative: POA Funeral Director
- Required by Federal or State Government or Political Subdivision (VA Director, etc.)
- Other _____

Reason for needing this copy: _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Applicant's Signature

Phone: _____

Authorization to release military record by:

ROBERT J. BANDSTRA, Lt Col, USAF (Ret)
Executive Director, Marion County Commission of Veterans Affairs



Marion County Commission of Veteran Affairs 641-828-2201
Marion County Recorder's Office 641-828-2211