

APPLICATION FOR CERTIFIED COPY
OR PHOTOCOPY OF MILITARY RECORD

Type of copy (check one) Certified Photocopy

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 this copy to the person named on record:

Self

Immediate Family only: Relationship: _____ (In-laws are not eligible)

Authorized agent or representative: (check one) POA Funeral Director Attorney

Other: _____

62 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 phone #

Name and address of person receiving this copy. **Send copy of your photo ID (REQUIRED)**

Name: _____

Street: _____

City, State, Zip: _____

Return to: Monona County Recorder
Kelly Seward
610 Iowa Ave.
Onawa, IA 51040

Phone: 712-433-2575

PLEASE ENCLOSE OF COPY OF YOUR PHOTO ID