

**BOONE COUNTY RECORDER/REGISTRAR  
VERONICA A. NYSTROM**

BOONE COUNTY COURTHOUSE  
201 STATE STREET SUITE 13  
BOONE, IOWA 50036-3987  
PHONE 515-433-0514 FAX 515-433-4972

Deputy: Christy R. Duncan Office Assistant: Cristine R. Downey

APPLICATION FOR CERTIFIED COPY  
OF MILITARY RECORD

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

\_\_\_\_\_  
Day Phone #

Name and Address of Person receiving this copy (REQUIRED)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature must be notarized

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature My commission expires: \_\_\_\_\_