

**BOONE COUNTY RECORDER/REGISTRAR
CHRIS R. DUNCAN**

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

Deputy: Cristine R. Duncan Office Assistant: Erin D Canfield

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: _____