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 ***Date*** ***Daytime Phone #***

Name and address of person receiving this copy.

Name: _____

Street: _____

City, State, Zip: _____

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

Phone: 712-433-2575

PLEASE ENCLOSE OF COPY OF YOUR PHOTO ID (REQUIRED)