

Dallas County Recorder's Office

Chad C. Airhart

Recorder

APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Type of copy (check one) Certified Photocopy

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 of Representative: (check one) POA Funeral Director

Attorney Other: _____

75-year old record ordered by court

required by federal, 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 (REQUIRED)

Name: _____

Street: _____

City, State & Zip: _____