

## **MILITARY RECORD COPIES**

Copies of military records on file in our office, including the DD Form 214, Report of Separation (or equivalent), can be made available upon request. Veterans and next-of-kin of deceased veterans have the same rights to full access to the record. Next-of-kin are the unremarried widow or widower, son or daughter, father or mother, brother or sister of the deceased veteran.

To obtain a copy of your Military Record, please fill out the attached application, along with a copy of your driver's license or military ID card and send to:

**Polk County Recorder**

**Attn: Microfilm**

**111 Court Ave Ste 250**

**Des Moines, IA 50309-2251**



**Julie M. Haggerty**

Polk County Recorder  
Registrar of Vital Records  
Thomas C Brogan, 1<sup>st</sup> Deputy  
www.polkrecorder.com

**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 or Representative: (check one)

\_\_\_\_\_ POA \_\_\_\_\_ Funeral Director \_\_\_\_\_ Attorney \_\_\_\_\_ Other: \_\_\_\_\_

Reason for needing this copy:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Applicant's Signature

Day phone #

Name and Address of Person Receiving this copy (REQUIRED)

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

Street: \_\_\_\_\_

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