



MILITARY DOCUMENT REQUEST FORM

1. REQUESTER NAME: \_\_\_\_\_
  
2. RELATIONSHIP TO VETERAN Please select one of the following:
  - I am the MILITARY SERVICE MEMBER OR VETERAN.
  - I am the DECEASED VETERAN'S NEXT-OF-KIN \*The NOK may be any of the following: spouse, father, mother, son, daughter, sister, or brother. Requesters MUST provide proof of death.
  - I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
  - OTHER (Specify): \_\_\_\_\_
  
3. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this form is true and correct and that I authorize the release of the requested information.

\_\_\_\_\_

Date: \_\_\_\_\_