

Request for a Military Record

Type of Copy: Certified Copy _____ Photocopy _____

NAME OF VETERAN: _____

Relationship of the person requesting copy to the person
Named on the Record:

Authorized Agent or Representative (check one)

_____ Power of Attorney

_____ Funeral Director

_____ Attorney

_____ Other _____

Reason for needing this copy:

Name and Address for Mailing Purposes

Name _____

Address _____

City, State, Zip _____

Please mail this request along with a \$2.00 mailing fee to:

Sevier County Recorder

250 N. Main St.

Richfield, UT 84701