



HARDIN COUNTY

Recorder's Office

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APPLICATION FOR CERTIFIED COPY OR PHOTOCOPY OF MILITARY RECORD

Please complete, sign, and return the application by U.S. mail or in person to the Hardin County Recorder's Office. If returning by mail, include a photocopy of the Applicant's Driver's License.

Name and Address of Person Receiving this copy (REQUIRED)

Name _____

Address _____
Street City State Zip Code

Type of Copy (check one)

Certified Photo Copy

NAME OF VETERAN _____

Birthdate of Veteran _____

Relationship of the person/agency receiving this copy to the person named on the record:

Self
 Immediate Family – relationship _____

Authorized Agent of Representation (check one)

POA Funeral Director

Attorney
 75-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

Daytime Phone #