

REQUEST FOR CERTIFIED COPY FOR VETERAN USE

**County Recorder
Lyon County, Minnesota**

Date _____, 20__

The undersigned _____

Veteran or surviving spouse or next of kin or the service officer of a veteran organization chartered by the Congress of the United States or the Department of Veterans Affairs

Street

City

State, Zip

hereby makes application for the certified copy of the _____

Birth-Death-Marriage-Divorce-Discharge

record of _____,

Name

name of veteran _____,

US Service Number

A veteran of the Army, Navy or Marine Corps of the United States, for the purpose of presenting a claim to the United States Veterans Administration or in connection with a veterans' organization or the Department of Veterans Affairs. This application is made in the accordance with the provisions of M.S.A. Section 197.63.

Name of applicant

Relationship/Title

M.S.A. Section 197.63 When the salary of the officer issuing a certified copy under this section consists in whole or in part of fees authorized by law, the officer's government subdivision shall pay the officer the legal fee therefor, and the governing body thereof is authorized and directed to order such payment made from the general revenue funds thereof.

**Certified Copy of _____ record, pursuant to above request, issued
this _____ day of _____ 20__**

Lyon County Recorder

Lyon County, MN