

Assignment of Personal Representative

To Whom It May Concern:

I hereby assign Carter L. Wilson III, acting for Family Research Group of Boise, Idaho, as my personal representative for the purposes of obtaining any and all Military Records of the veteran named below, including any pension or medical records, and their complete *Report of Separation (DD Form 214)*; and to obtain, copy, secure, or procure any and all documents, records or files to which I may be entitled under Federal, State or other rule, regulation, or statute.

Full Name of Veteran

I certify that I am the veteran named above or their surviving next of kin and my relationship to the veteran named above is (check one):

- I am the veteran named above
- Surviving Spouse that has not remarried
- Father
- Mother
- Son
- Daughter
- Sister
- Brother

This authorization applies solely for the purposes named above and will automatically expire one (1) year from the date of my signature below. Where my signature or other written authorization is required to release a document, I authorize my representative named above, to sign on my behalf. A notarized copy of this document is to be considered as binding as the original.

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information that I provided is true and correct.

Signed this _____ day of _____ 200__.

Signature

Please Print or Type Name

Please Print or Type Mailing Address