



APPLICATION FOR GOLD STAR FAMILY LICENSE PLATE



Gold Star Family registration plates are available to the surviving parent, spouse, child or sibling of a service member killed in an armed conflict with an enemy of the United States.

A separate application form must be completed and submitted for each Gold Star Family special registration plate that is applied for. Applications will be processed in the order that they are received by the MVD Vehicle Services Unit.

Applicant information **MUST** be as shown on the vehicle's current registration form.

FEES: No fee, including the regular registration fee, shall be collected for issuance of the first Gold Star Family registration plate that is issued to the service member's surviving parent or spouse.

No fee other than the regular registration fees applicable to the vehicle shall be collected for issuance of up to three additional plates issued to the service member's surviving parent or spouse.

A fee of ten dollars (\$10.00) in addition to the regular registration fees applicable to the vehicle shall be collected for the issuance of each plate issued to the member's surviving child or sibling, and for any additional plates issued to the member's surviving parent or spouse.

Return completed form to: Motor Vehicle Division, Vehicle Services Bureau P.O. Box 1028, Santa Fe, NM 87504-1028

Applicant Information				
Name			Relationship to service member	
Mailing Address				
City			State	Zip Code
Email Address			Phone Number	
Vehicle Information				
Year	Make	Model		
Vehicle (VIN) Identification #			License Plate Number	
Military Service Information				
For each application submit a copy of the Report of Casualty (DD Form 1300) or Application for Gold Star Lapel Button (DD Form 3) and, if applicant is surviving spouse, a copy of the marriage certificate must be attached.				
Service Member's Name as it appears on Report of Casualty (DD Form 1300) or Application for Gold Star Lapel Button (DD Form 3) or other military service documentation.				
Social Security Number	Branch of Service	Date of Birth	Date Entered Service	Date of Death
Applicant Certification			Department of Veterans' Services Certification	
I hereby certify that the information given above and any accompanying documentation is true and correct to the best of my knowledge. Applicant's Printed Name _____ Date _____			I hereby certify that Applicant's request for special plate and decal is supported by accompanying documentation and/or the service record.	
_____ Applicant's Signature			Approved by	Date