Gold Star Mother LICENSE PLATE APPLICATION

APPLICANT'S (Mother's) INFORMATION

Last Name	First Name		Middle Initial	County of Residence
			KS	
Address: Street		City	State	Zip Code

APPLICANT'S RELATIONSHIP TO DECEASED SERVICE MEMBER

Please checkmark the one which applies corresponding to applicant's relationship to deceased service member:

_____ Mother _____ Stepmother Foster Mother in Loco Parentis

SUPPORTING DOCUMENT TO VERIFY RELATIONSHIP TO DECEASED SERVICE MEMBER

Mark the type of supporting document submitted:

Birth Certificate: _____ Other, please specify: _____

Attach - DD Form 1300 – This is a Required Supporting Document to confirm Kansas Gold Star Mother License Plate Eligibility per K.S.A. 8-177d

SERVICE MEMBER'S INFORMATION

Last Name	First Name	Middle Initial	Pay Grade or Rank	Social Security Number
Date of Birth (MM-DD	-YYYY)	Branch of Service		

I, the undersigned, certify the information on this form is true and correct and that I am a Kansas resident or am stationed in Kansas on military orders.

Printed Name of Applicant

Date

Kansas county treasurer and/or state authorities reserve the right to reject any form that has been altered.

INFORMATION:

Kansas Statutes Annotated (K.S.A.) 8-177d authorizes the design and distribution of the Gold Star Mother license Plate within the State of Kansas to such person who has proof that they are the mother of a person who died while in good standing on active duty in the military service of the United States. An interested party may make application for such distinctive license plates at their local County Treasurer's office by submitting this completed form and their DD Form 1300 issued by the United States military and other materials necessary to complete a registration for their vehicle.

TR-170, 12/2018