Middle



Agency of Transportation

Last

Name:

120 State Street Montpelier, Vermont 05603-0001 802.828.2000 888-99-VERMONT **dmv.vermont.gov**

Applicant Section (please fill out ALL the following information):

Address Where You Get Your Mail (mailing address) - Include Street Number and Nan				City:	State:	Zip:	
Name of Deceased Military Member				elationship to the Dece	ased		
				nail address			
Current Plate #	Plate Expires	Vehicle Make	M	1odel	Year	Body Type	
I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.							
Signature of Applicant:						Date:	
Send the completed for Vermont Office of Value State St. Montrelier, VT, 056	eterans Affairs	he DD-1300 to:					
Montpelier, VT 05620-4401							
DO NOT WRITE BELOW THIS LINE							
My authorized signatur Veterans Affairs certify Member per 10 U.S.C.	the person named abo	ove as a Gold St	ar Family				
Authorized Signature for Vermont Office of Veterans Affairs				(Not Valid Without Certified Stamp Above)			

First

Instructions

Gold Star Plates shall be issued to the widow or widower, parents, and next of kin as defined in 10 U.S.C. § 1126(d) of members of the U.S. Armed Forces who lost their lives under the circumstances described in 10 U.S.C. § 1126(a).

Next-of-kin Plates (use form VD-149) shall be issued to the widow or widower, parents, and next of kin as defined in 10 U.S.C. § 1126(d) of members of the Armed Forces not eligible for gold star plates under subdivision (A) of this subdivision (1) who lost their lives while serving on active duty or on active duty for training, or while assigned in a Reserve or National Guard unit in drill status, or as a result of injury or illness incurred during such service or assignment.

Submit your completed application to the Vermont Office of Veterans Affairs for Gold Star Family member certification. The Office of Veterans Affairs will forward the completed application and the copy of the DD form 1300 to the Department of Motor Vehicles for processing.

If this is a new registration or a transfer of registration, form VD-119, Vermont Registration, Tax & Title Application must also be submitted. If this is a renewal, submit this completed application, your renewal notice, and the required fees.

Please provide all requested personal identification information. If the address indicated differs from our records, we will consider this a notification of a change of mailing address for all your records.

Include a copy of the DD Form 1300, Report of Casualty, to this form and mail forms to:

Vermont Office of Veterans Affairs, 118 State St., Montpelier, VT 05620-4401.

Applications submitted without certification by the Vermont Office of Veterans Affairs or the applicant's signature will be returned to the applicant.

The Office of Veterans Affairs will forward the completed application and the copy of the DD form 1300 to the Department of Motor Vehicles for processing. You may request to have the Office of Veteran's Affairs return this application and the DD form 1300 to you so that you may bring this application to a DMV office or mail the application to the DMV.

Contact the Vermont Department of Motor Vehicles for questions about registering a vehicle.

Vermont Department of Motor Vehicles 120 State Street Montpelier, VT 05603-0001

Email <u>dmv.vermont.gov/contact</u>

Phone 802.828.2000

Contact the Vermont Office of Veterans Affairs for questions about certification as a Gold Star Family and the documentation required.

Office of Veterans Affairs 118 State Street Montpelier, Vermont 05620-4401

Email veterans.vermont.gov/contact

Phone 802.828.3379 Fax 802.828.5932