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Carson City, NV 89711
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FALLEN MILITARY/GOLD STAR LICENSE PLATE FAMILY MEMBER ACKNOWLEDGMENT AFFIDAVIT

NRS 482.3785 & 482.3787

A family member of a **person who died as a result of injuries sustained** while on active duty in the Armed Forces of the United States may apply for up to 2 sets of Fallen Military license plates.

Or

A family member of a **person killed in the line of duty** while on active duty in the Armed Forces of the United States may apply for up to 2 sets of Gold Star license plates.

A family member means a widow, widower, parent, stepparent, grandparent, child, stepchild, sibling, half sibling, or stepsibling.

A copy of the Form DD1300 "Report of Casualty," death certificate indicating a service-related illness or other documentation indicating the veteran died as a result of injuries sustained while on active duty must be submitted to the Department of Motor Vehicles.

If the applicant is not listed on form DD1300 as a family member, then complete this affidavit and declare appropriate relation.

If there is a dispute regarding the relationship between the applicant and the member of the Military, then the Nevada Office of Veteran Services will determine if the applicant qualifies for the Fallen Military or Gold Star license plate. The applicant would at that time need to submit proof from the Nevada Office of Veteran Services.

Fallen Military/Gold Star license plates are available for noncommercial vehicles, motorcycles, and trailers.

Fallen Military/Gold star license plates are not available as personalized license plates.

I declare under penalty of perjury that I am related to _____ and that they are my

_____.

Please Print or Type

Full Legal Name _____ _____ _____
First Middle Last

Nevada Driver's License, Identification Card Number,
Date of Birth, or FEIN for Businesses _____

I affirm the above listed information is true and correct to the best of my knowledge and belief. Signatures must be original. Photocopies are not acceptable.

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

_____
Notary Public or Authorized DMV Representative

Notary Stamp