

Gold Star License Plates Request for Certification Letter

Date:	-		
Your Name:			<u> </u>
Veteran Full Name:			<u> </u>
Veteran Date of Death:			<u></u>
Mailing Address:			<u> </u>
			<u> </u>
Telephone Number:			<u> </u>
mailing this form and supp	orting documentat	Gold Star License Plate Cert ion such as the copy of officia notice of the service member	•
Washington State Attn: Gold Star Li PO Box 41150 Olympia WA 9850	cense Plate Certi	eterans Affairs (WDVA) fication	
	following to a Uni	ited States armed forces mem	ngton State Department of Veterans ber who died while in the service,
Birth Mother or Birth Father		Stepmother or Stepfather	
Mother or Father through adoption		Biological Child	
Adopted Child Sibling		Sibling	
Adult who fulfilled t relative. (Additional	1 '	uch as foster parent, kinship ca quired.)	are provider, or caretaker
	r DIC, or other doo		ervice, please include verification a service connected disability as the
I certify t	hat I am an eligib	ole Gold Star Family Membo	er, as defined above.
	Signature		Date

^{*}If the person applying for a Gold Star License Plate is not listed on the Report of Casualty or Death Notice, WDVA will require additional information to verify familial status. Please call 1-800-562-2308.