

Kansas
Department of Revenue
Division of Vehicles
PO BOX 2505, Topeka KS 66601-2505
<https://www.ksrevenue.gov/>

Gold Star Mother
LICENSE PLATE APPLICATION

APPLICANT'S (Mother's) INFORMATION

Last Name	First Name	Middle Initial	County of Residence	
Address: Street		City	KS 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 that I am a Kansas resident or am stationed in Kansas on military orders.

Signature of Applicant	Printed Name of Applicant	Date
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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, 6/2024