Kansas Department of Revenue Division of Vehicles PO BOX 2505, Topeka KS 66601-2505

https://www.ksrevenue.org/

Gold Star Mother LICENSE PLATE APPLICATION

APPLICANT'S (Mother's) INFORMATION

Last Name	First Name	Middl	le Initial	County of Residence
			KS	
Address: Street		City	State	Zip Code
	RELATIONSHIP TO DEC			ed service member:
Mother				
Stepmotl	ner			
Foster M	other in Loco Parentis			
	OCUMENT TO VERIFY rting document submitted:	RELATIONSHIP TO) DECEASED	SERVICE MEMBER
Birth Certificate:	Other, please specify:			
Attach - DD Form 130 Eligibility per K.S.A. 8	00 – This is a Required Supportin -177d	ng Document to confirm	Kansas Gold Sta	r Mother License Plate
SERVICE MEME	BER'S INFORMATION			
Last Name First 1	Name Middle Initial	Pay Grade or R		Social Security Number
Date of Birth (MM-DD-YYY)	')Branch of Service			
	, certify the information on th insas on military orders.	nis form is true and co	rrect and that I a	am a Kansas resident oi
Signature of Applicant		Printed Name of Ap	pplicant	Date
Kansas county trea	surer and/or state authorities	s reserve the right to re	eject any form th	nat 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