GOLD STAR LICENSE PLATE
APPLICANT CERTIFICATION

Immediate family members of individuals who have died in military service use this form to request a Gold Star license plate.

PLATE INFORMATION

Louisiana legislation provides that immediate family members of persons who have died in military service to their country can apply for special Gold Star license plates by submitting a copy of the death certificate of the armed forces member who lost his life. The license plate can be used upon personally or jointly owned private passenger cars, pickup trucks, vans, motorcycles, and recreational vehicles registered in the name, or jointly in the name, of the member making application. Check the applicable condition.

☐ During World War I, World War II, or any subsequent period of armed hostilities in which the United States was engaged before July 1, 1958, or

☐ Anytime after June 30, 1958:

a. while engaged in an action against an enemy of the United States;

b. while engaged in military operations involving conflict with an opposing foreign force;

c. while serving with friendly forces engaged in an armed conflict in which the United States is not a belligerent party against an opposing armed force; or

☐ Anytime after March 28, 1973, as a result of:

a. an international terrorist attack against the United States or a foreign nation friendly to the United States, recognized as such an attack by the U.S. Secretary of Defense; or

b. military operations while serving outside the United States, including commonwealths, territories, and possessions of the United States, as part of a peacekeeping force.

APPLICANT INFORMATION

APPLICANT NAME	DECEASED SERVICE MEMBER NAME

APPLICANT RELATIONSHIP TO DECEASED SERVICE MEMBER (check applicable box)

☐ Widow (remarried or not)	☐ Stepmother	☐ Foster parents who stood in loco parentis	☐ Brother
☐ Widower (remarried or not)	☐ Stepfather	☐ Child	☐ Half brother
☐ Mother	☐ Mother through adoption	☐ Stepchild	☐ Sister
☐ Father	☐ Father through adoption	☐ Adopted child	☐ Half sister

CERTIFICATION

I hereby certify that the information contained in this certification is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Louisiana law.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)