



STATE OF MONTANA APPLICATION FOR NEXT OF KIN OF DECEASED PERSONNEL LICENSE PLATE

To see the license plate, visit <https://dojmt.gov/driving/plate-designs-and-fees/military/>

**** Before completing, read Privacy Act Statement and Information on page 2. ****

INSTRUCTIONS

- Obtain supporting documentation (see sections 2G and 3D below)
- Complete and sign this application
- Mail completed application and supporting documents to: **Montana Veterans Affairs Division**
P.O. Box 4789
Fort Harrison MT 59636

Montana Veterans Affairs will verify the application/supporting documents and send the applicant a letter showing eligibility. The letter must be presented to the applicant's County Treasurer's Office when requesting the Next of Kin of Deceased Personnel License Plate.

Questions regarding the application process may be directed to taryn.phillips@mt.gov or (406) 324-3742.

1. APPLICANT RELATIONSHIP TO DECEASED SERVICEMEMBER

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> STEPFATHER | <input type="checkbox"/> SON | <input type="checkbox"/> DAUGHTER BY ADOPTION |
| <input type="checkbox"/> WIDOWER | <input type="checkbox"/> MOTHER THROUGH ADOPTION | <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> BROTHER |
| <input type="checkbox"/> MOTHER | <input type="checkbox"/> FATHER THROUGH ADOPTION | <input type="checkbox"/> STEPSON | <input type="checkbox"/> SISTER |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> FOSTER MOTHER IN LOCO PARENTIS | <input type="checkbox"/> STEPDAUGHTER | <input type="checkbox"/> HALF BROTHER |
| <input type="checkbox"/> STEPMOTHER | <input type="checkbox"/> FOSTER FATHER IN LOCO PARENTIS | <input type="checkbox"/> SON BY ADOPTION | <input type="checkbox"/> HALF SISTER |

2. SERVICEMEMBER INFORMATION

A. NAME (Last, First, Middle Initial)	B. PAY GRADE OR RANK	C. SOCIAL SECURITY NUMBER

D. DATE OF DEATH (YYYYMMDD)	E. BRANCH OF SERVICE	F. GEOGRAPHICAL AREA OF SERVICE AT TIME OF DEATH

G. SUPPORTING DOCUMENTATION TO CONFIRM NEXT OF KIN OF DECEASED PERSONNEL LICENSE PLATE ELIGIBILITY

(Check the box that applies to the documentation attached to this application.)

- DD Form 1300 - Report of Casualty Death Notice
- Other, please specify: _____

3. FAMILY MEMBER (APPLICANT) INFORMATION

A. NAME (Last, First, Middle Initial)

B. NUMBER, STREET, AND APARTMENT NUMBER (if applicable)

C. CITY, STATE, AND ZIP CODE

D. SUPPORTING DOCUMENTATION TO VERIFY RELATIONSHIP TO DECEASED SERVICEMEMBER

(Check the box that applies to the documentation attached to this application.)

- Birth Certificate Marriage Certificate Adoption Record
- Other, please specify: _____

SIGNATURE OF APPLICANT	DATE

READ BEFORE COMPLETING THIS APPLICATION

PRIVACY ACT STATEMENT

AUTHORITY: MCA 61-3-458; Code of Federal Regulations Title 32, Section 578.63

PRINCIPAL PURPOSE: To evaluate the applicant's eligibility to receive the Next of Kin of Deceased Personnel License Plate.

ROUTINE USE: To identify the applicant and establish a distribution record.

DISCLOSURE: Voluntary; however, if not provided, an eligible individual will not be issued the Next of Kin of Deceased Personnel License Plate.

INFORMATION

Montana Code Annotated 61-3-458 authorizes the design and distribution of the Next of Kin of Deceased Personnel License Plate within the state of Montana to **qualified family members of members of the Armed Forces of the United States who lost their lives while serving on active duty or while assigned in an Army Reserve or Army National Guard unit in a drill status.** Please note that the law does not currently extend this license plate option to other Reserve or Guard categories.

NOTE: Per Code of Federal Regulations criteria, deceased status must be as of March 29, 1973 (to present).