



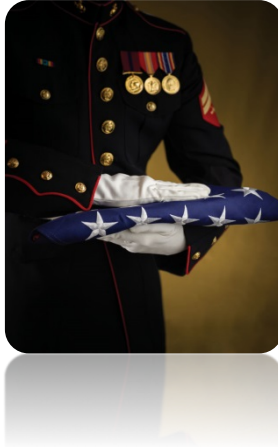
Office of the Bergen County Clerk

Gold Star Parent

Identification Card Application



John S. Hogan, Bergen County Clerk
One Bergen County Plaza · Hackensack, NJ 07601-7076
(201) 336-7000 · Room 120



The undersigned hereby applies for a Gold Star Parent Identification Card and has satisfactorily filed report of casualty papers (DD1300) and/or other satisfactory proof at the Office of the Bergen County Clerk.

(PLEASE PRINT)

UNITED STATES MILITARY DIVISION: _____

LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

AGENT LOCATION (FOR OFFICE USE ONLY)

RECORDED DATE (FOR OFFICE USE ONLY)

APPLICANT'S CERTIFICATION

I have submitted supporting documentation that I am eligible for the Gold Star Parent Identification Card. I do solemnly swear (or affirm) and certify under the penalties of the law that the information on this application is true.

SIGNATURE: _____ DATE: _____