NEW MEXICO DEPARTMENT OF VETERANS' SERVICES

APPLICATION FOR CERTIFICATE OF ELIGIBILITY FOR VETERANS' TAX EXEMPTION

Instructions

Please print, use ink or typewriter to complete all items. Please read information on the reverse side of this application. Do not complete this form if you have already applied for and received an original Veterans' Certificate of Eligibility Certificate. If an original certificate has been lost, destroyed, or stolen, please refer to DVS Form entitled, "Affidavit of Loss of Veterans' Tax Exemption Certificate".

1. NAME OF APPLICANT (LAST, FIRST, MIDDLE) ☐VETERAN ☐SURVIVING SPOUSE

2. ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP)

3. NAME OF VETERAN (TO CORRESPOND WITH NAME ON DISCHARGE)

4. ACTIVE DUTY

BRANCH	DATES OF SERVICE Entered	Separated	PLACE OF ENTRY	PLACE OF SEPARATION	SERVICE NUMBER	SSN

5. SERVICE DISABLED ☐YES ☐NO SERVICE AMPUTEE ☐YES ☐NO VETERAN CLAIM #

6. IF APPLICATION IS MADE BY UNREMARRIED SURVIVING SPOUSE, GIVE DATE VETERAN BECAME A RESIDENT OF NEW MEXICO

DATE OF DEATH _____ PLACE OF DEATH _____

7. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN LISTED ABOVE:
☐ YES ☐ NO

8. GIVE DATE OF LEGAL RESIDENCE IN THE STATE OF NEW MEXICO

9.

CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE TO PUNISHMENTS IN ACCORDANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS.

_____
SIGNATURE DATE

10. **CERTIFICATION OF AUTHORIZED OFFICIAL** (TO BE USED BY AUTHORIZED **DVS EMPLOYEE ONLY**)

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS:

_____
SIGNATURE DATE

ATTENTION APPLICANTS;

PLEASE REFER TO THE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION