



NAVAJO NATION VETERANS ADMINISTRATION  
GOLD STAR PARENT REGISTRATION FORM FY 2026

CHAPTER \_\_\_\_\_

GSP Name \_\_\_\_\_

*First*

*Middle*

*Last*

Census # \_\_\_\_\_ Social Security \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Primary Phone # \_\_\_\_\_ Msg. Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Name of next of kin: \_\_\_\_\_ Phone #: \_\_\_\_\_

DECEASED VETERAN INFORMATION BELOW

\_\_\_\_\_  
*First Name*      *M.I.*      *Last Name*      *Suffix*

Date of Birth \_\_\_\_\_ Census # \_\_\_\_\_

**Branch:**      Army      Navy      Marine Corps  
                 Army National Guard      Air Force      Coast Guard

Dates of Service \_\_\_\_\_

**OFFICIAL NNVA USE ONLY**

DD214-Member 4: \_\_\_\_\_ DL/ID: \_\_\_\_\_ SS Card: \_\_\_\_\_ CIB: \_\_\_\_\_ Marriage Certificate: \_\_\_\_\_ DEATH CERT: \_\_\_\_\_

**Intake Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**

**Physical Address:** \_\_\_\_\_

