



NAVAJO NATION VETERANS ADMINISTRATION  
GOLD STAR PARENT REGISTRATION FORM FY 2027

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

