

**State of New Mexico  
Department of Veterans Services**



NEW MEXICO DEPARTMENT OF  
**CULTURAL AFFAIRS**



NEW MEXICO STATE PARKS DIVISION

**Application for Disabled Veteran Free State Parks, Museums and Monuments Pass**

**Section 16-2-7.1, NMSA 1978 (being Laws of 1999, chapter 174, Section 2)**

**Free State Park Passes for New Mexico Resident Veterans Rated 50% or more Disabled by the Veterans Administration.**

**One Free Access Pass for unlimited entry into State Museums and Monuments.**

**One Annual Day-use Pass for unlimited entry into State Parks or recreation areas, and one three-day camping pass per year.**

**Veterans Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing address (if different than address above): \_\_\_\_\_ Phone # \_\_\_\_\_

Branch of Service \_\_\_\_\_ Dates of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Service Number \_\_\_\_\_ SSN \_\_\_\_\_ Claim # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Date Awarded Disability \_\_\_\_\_ Date of Residency \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APLICABLE LAWS AND STATUTES.

\_\_\_\_\_

SIGNED

DATE

Disability Verified by VARO _____
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**CERTIFICATION OF AUTHORIZED OFFICIAL**

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

State Parks Division Use Only	
Date Issued	_____
Issued By	_____
Pass Number	_____

Department of Veterans Services Use Only	
Control Number	_____