



APPLICATION FOR A GOLD STAR FAMILY MEMBER TO RECEIVE AN INDIANA STATE PARK ANNUAL ENTRANCE PASS

State Form 57828 (7-25)

INDIANA DEPARTMENT OF NATURAL RESOURCES

The legal authority for this form is IC 9-18.5-33.

INSTRUCTIONS: *Gold Star family members, defined by IC 9-18.5-33-1, qualify to receive a free Indiana State Park Annual Entrance Pass.*

Completed applications:	
Email to:	PermitApplication@dnr.IN.gov
Mail to:	Indiana State Parks Indiana Department of Natural Resources 402 W. Washington Street, Rm W298 Indianapolis, IN 46204

SECTION 1 – FAMILY MEMBER																			
Name of Applicant																			
Legal Address (number and street)	City	State	ZIP Code																
Mailing Address (number and street)	City	State	ZIP Code																
SECTION 2 – ELIGIBILITY																			
Name of Service Member	Branch of Military Service																		
<p>To be eligible for a Gold Star Family entrance pass, IC 9-18.5-33-1 requires that you be an eligible family member of an individual who has died while serving on active duty, or dies as a result of injuries sustained while serving on active duty, as a member of the armed forces of the United States or the national guard (as defined in IC 10-16-1-13).</p> <p>Select Relationship to Service Member (check only one):</p> <table><tr><td><input type="checkbox"/> Biological Parent</td><td><input type="checkbox"/> Adoptive Parent</td><td><input type="checkbox"/> Stepparent</td><td><input type="checkbox"/> Biological Child</td></tr><tr><td><input type="checkbox"/> Adoptive Child</td><td><input type="checkbox"/> Stepchild</td><td><input type="checkbox"/> Sibling by Blood</td><td><input type="checkbox"/> Sibling by Half Blood</td></tr><tr><td><input type="checkbox"/> Sibling by Adoption</td><td><input type="checkbox"/> Stepsibling</td><td><input type="checkbox"/> Grandparent</td><td><input type="checkbox"/> Great-Grandparent</td></tr><tr><td><input type="checkbox"/> Spouse</td><td colspan="3">Biological Parent of a Child</td></tr></table>				<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Adoptive Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Sibling by Blood	<input type="checkbox"/> Sibling by Half Blood	<input type="checkbox"/> Sibling by Adoption	<input type="checkbox"/> Stepsibling	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great-Grandparent	<input type="checkbox"/> Spouse	Biological Parent of a Child		
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SECTION 3 - AFFIRMATION																			
I swear or affirm under the penalties for perjury that I am eligible to receive a Gold Star Family entrance pass under IC 9-18.5-33 and that the information I have entered on this form is true and correct.																			
Signature of Applicant	Printed Name	Date Signed (mm/dd/yyyy)																	