

**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 \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Branch of Service \_\_\_\_\_ Date 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 APPLICABLE 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	_____

## **Information for Veterans**

**You are eligible for benefits under the provisions of  
Section 16-2-7.1, NMSA 1978 (being Laws of 1999, chapter 174, Section 2**

**IF**

**You have been granted a service-connected disability of 50% or higher by the United  
States Department of Veteran Affairs,**

**AND**

**You are a legal and established resident of New Mexico. Your benefit is forfeited upon  
becoming a resident of another state.**

## **Application**

**Application must be forwarded, together with a copy of the veteran's DD 214 (Report  
of Separation) or equivalent Department of Defense document showing an honorable  
discharge and complete dates of service, proof of residency, and a copy of the official  
award letter provided to you by the United States Department of Veterans Affairs.**

**Please mail application to:  
New Mexico Department of Veterans Services  
407 Galisteo St. Room 134  
Santa Fe, NM 87501**

## **Penalty**

**Pursuant to law, the Department of Veterans Services may cancel any pass that was  
issued if it is determined that any material statement in the application was false.**