



**CERTIFICATE OF ELIGIBILITY
DISABLED VETERAN TAX DEDUCTION**
State Form 51186 (R3 / 4-10)

DEPARTMENT OF VETERANS AFFAIRS
302 West Washington St.
Indianapolis, IN 46204-2738
Telephone: (317) 232-3910
Fax: (317) 232-7721

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Please take this approved form to your county auditor's office no later than December 31. If you are using this on your excise tax, you must first submit the approved form to the auditor's office, who will then issue you an excise tax receipt to take to your local BMV.

Name of veteran (last, first, middle)

Date of Birth (month, day, year)	Is the Veteran Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death (month, day, year)
Veteran's Social Security Number *	Veteran's Service / Serial Number	Veteran's VA File Number

Name of surviving spouse (last, first, middle) (Required only if veteran is deceased)

Social Security Number of surviving spouse *

Daytime telephone number	Evening telephone number
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Property Mailing Address (number and street, city, state, and ZIP code)

Mailing address where form to be sent if different than property (i.e. CVSO, County Auditor/Assessor)

Signature of veteran / surviving spouse / authorized agent	Date (month, day, year)
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IDVA VERIFICATION	
This certifies that the above named veteran or surviving spouse is eligible for disabled veterans tax deduction.	
Tax Code: <input type="text"/>	Subject to the Requirements of IC 6-1.12-13 and / or IC 6-1.1-12-14
Note: If the veterans property is assessed at more than \$143,160 a tax code 3 reverts to tax code 2.	
IDVA verification signature	Date (month, day, year)