



**APPLICATION FOR TAX EXEMPTION FOR SURVIVING SPOUSE OF VETERAN
WITH TOTAL AND PERMANENT SERVICE CONNECTED DISABILITY**

PARCEL #: _____ TAX YEAR: _____
NAME: _____ PHONE NUMBER: _____
PROPERTY ADDRESS: _____ MAILING ADDRESS: _____

FLORIDA DRIVER'S LICENSE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

Note: Disclosure of the applicant's social security number is mandatory. It is required by Section 196.011 (1) Florida Statutes. The social security number will be used to verify taxpayer identity with the State of Florida Department of Revenue

I HAVE ENCLOSED COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION (FL Statute 196.24):

- Letter from Veterans' Administration Stating Service-Connected Disability
(VA Form 27-333/27-333s/27-125/27-125s)
- Military Discharge Documents
- Marriage Certificate
- Death Certificate

YOU MUST HAVE THE FOLLOWING STATEMENT NOTARIZED

I, the undersigned _____ swear that I am the surviving spouse of
_____ an honorably discharged veteran. We were married
on _____ and were not divorced prior to their death on _____. I have not remarried since
their death.

SIGNATURE

DATE

COUNTY _____ OF STATE OF FLORIDA

SUBSCRIBED AND SWORN to me on this _____ day of _____,

Notary Public _____

My commission expires: _____

