Order your Veterans Memorial license plate today!

Clear Form

To replace a valid license plate with a Veterans Memorial plate, or to purchase a collector version, fill out this application. When you purchase a Veterans Memorial plate, $25 of the $35 purchase fee is donated to support the Vietnam Veterans Memorial. For an additional prorated fee, your plate may be personalized. Check for the availability of a personalized plate using Plate it Your Way. Personalized plates may be ordered at a Secretary of State office. Your new plate will arrive by mail within 14 days.

To Purchase by MAIL:

Complete the order form below. If paying by check or money order, make payable to **State of Michigan**. If paying by Visa, MasterCard or Discover credit card, complete the credit card section below. Mail the completed application along with payment to: **Michigan Department of State, Renewal By Mail Unit, Lansing, MI 48918.**

To Purchase by FAX:

If purchasing by fax, you must pay by credit card. Fax the completed application to **(517) 322-6822 - 24 hours a day, 7 days a week.**

Collector Veterans Memorial license plates

When you purchase a collector plate for $35, the special cause receives $25. Collector plates are for **display purposes only — not for vehicle registration**. Each collector plate includes the word "SAMPL," the special cause logo and name. Collector plates cannot be personalized. To order by mail or fax, complete this form, making sure to include your address.

Special Cause License Plate Request Form

Name _____

Daytime Telephone Number _____

Current Plate Number(s)	University Code	Current Plate Number(s)	University Code
_____	V M P	_____	V M P
_____	V M P	_____	V M P

☐ Special Cause License Plates Quantity

☐ Collector License Plates Quantity

0 X $35 =

0 Total Due

Complete this section if purchasing collector plates ONLY

Street Address _____ City _____ State _____ Zip _____

My payment is by

☐ MasterCard ☐ Visa ☐ Discover ☐ Check (enclosed) ☐ Money Order (enclosed)

My signature below authorizes the Michigan Department of State to charge my account.

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ - Expiration Date ☐☐☐☐ $ Enter Total Fees Here 0 .00

Please SIGN your name **X** _____

Please PRINT your name **X** _____

Secretary of State Terri Lynn Land

www.Michigan.gov/sos