

# RMV Affidavit Form

## Registrant Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Details of Error

- Description of Error: \_\_\_\_\_
- Correct Information: \_\_\_\_\_
- Evidence of Correct Information: \_\_\_\_\_

## Verification

- I swear/affirm that the information provided here is accurate and true.
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Notary Section

- Notary Signature: \_\_\_\_\_
- Notary Seal:
- Date: \_\_\_\_\_