

# Connecticut Gifted Car Bill of Sale Form

State of Connecticut

Bill of Sale Number: \_\_\_\_\_

Date of Gift: \_\_\_\_\_ (mm/dd/yyyy)

## Giver Information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

## Receiver Information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

## Vehicle Information:

- Make: \_\_\_\_\_
- Model: \_\_\_\_\_
- Year: \_\_\_\_\_
- Color: \_\_\_\_\_

- Body Type: \_\_\_\_\_
- Vehicle Identification Number (VIN): \_\_\_\_\_
- Odometer Reading: \_\_\_\_\_
- License Plate Number (if applicable): \_\_\_\_\_
- Other Identifying Details: \_\_\_\_\_

**Condition of Vehicle:**

The condition of the vehicle is (check one):

- New
- Excellent
- Very Good
- Good
- Fair
- Poor

**Gift Declaration:**

The undersigned giver certifies that the vehicle described above is gifted to the receiver without any consideration or payment. The giver transfers all rights, title, and interest of the vehicle to the receiver. The vehicle is transferred "as-is" without any warranties, express or implied, including but not limited to warranties of merchantability and fitness for a particular purpose. The receiver acknowledges that they have inspected the vehicle and accept it in its current state.

**Signatures:**

Giver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Giver's Printed Name: \_\_\_\_\_

Receiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receiver's Printed Name: \_\_\_\_\_

Witness Information (if applicable):

Witness 1:

- Full Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

Witness 2:

- Full Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

Notary Acknowledgment (if applicable):

State of Connecticut

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20, before me, \_\_\_\_\_

(Notary's name), personally appeared \_\_\_\_\_ (Giver's name) and \_\_\_\_\_ (Receiver's name), known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to this instrument, and acknowledged that they executed the same.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_