

Motor Vehicle Affidavit Form

Vehicle Information

Vehicle Make: _____

Model: _____

Year: _____

VIN Number: _____

License Plate Number: _____

Owner Details

Owner's Full Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Contact Number: _____

Purpose of Affidavit

- Correction of Title
- Declaration of Ownership
- Vehicle Damage Claim
- Other (Please Specify): _____

Statement of Facts

I, _____ (Owner's Full Name), solemnly swear that the information provided above is true to the best of my knowledge. This affidavit is submitted to provide evidence of ownership.

Owner's Signature: _____

Date: _____

Witness Signature: _____