



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
GENERAL AFFIDAVIT

FORM
768
(REV. 5-00)

WARNING: "ANY FALSE STATEMENT IN THIS AFFIDAVIT IS A VIOLATION OF LAW, AND MAY BE PUNISHED BY FINE OR IMPRISONMENT, OR BOTH (301.420)." QUESTIONS SHOULD BE REFERRED TO (573) 751-4509.

COMPLETE INFORMATION AS REQUIRED

I, the undersigned, do hereby certify that

- 1. DUPLICATE/REPLACEMENT NEEDED Duplicate Title Replacement Plate Replacement Tab the indicated item was lost, stolen or mutilated under the following circumstances. If document later found it will be returned to the Department of Revenue. If a mutilated item, it must be submitted with this request. If a plate was lost, please specify the law enforcement agency notified.

- 2. NON-USE the motor vehicle described on the attached application has not been operated on public roads or the highways of Missouri by me or my agent during the

period _____ to _____
- 3. GIFT I am giving this motor vehicle to _____

_____ and there is no money or other valuable consideration involved in the transaction.
- 4. VEHICLE OUT OF STATE vehicle described below has not been within the State of Missouri for the sixty (60) day period immediately preceding the date of this application for registration but will be submitted for inspection at an official inspection station within ten (10) days after entering the state by me or my agent.
- 5. I hereby certify that I am a trustee named in the _____ trust and am authorized to act on behalf of the trust agreement and transfer ownership of the vehicle referenced.
- 6. NAME CHANGE I hereby certify that my name has been changed from _____

to _____ due to marriage or divorce and that I am one and the same person.
- 7. Other _____

OWNER (TYPE OR PRINT)	YEAR	MAKE
SIGNATURE OF OWNER		CURRENT MILEAGE
VEHICLE IDENTIFICATION NUMBER	ORIG. TITLE NO.	CURRENT LIC. NO.

NOTARY PUBLIC - (ONLY REQUIRED ON ITEM(S) 1 AND 2)

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW.