



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
AFFIDAVIT OF OWNERSHIP

FORM
2635
(REV. 11-2008)

INSTRUCTIONS

"Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both"
1. This affidavit is to be completed only when you are making application for a duplicate certificate of title for a motor vehicle or trailer, which was originally titled in the State of Missouri between the years of 1948 and 1969.
2. Complete this form in full.
3. Submit this form to any license office or mail to: MISSOURI DEPARTMENT OF REVENUE, MOTOR VEHICLE BUREAU, PO BOX 100, JEFFERSON CITY MO 65105-0100. If you have any questions, please call (573) 751-4509. Visit our web site at www.dor.mo.gov/mvdl

I hereby make application for duplicate title on the motor vehicle/trailer described below. I verify that the vehicle was last titled in the State of Missouri in my name and that the original title has been lost, stolen, mutilated, or destroyed.

OWNER'S NAME (LAST, FIRST, MIDDLE)		TELEPHONE ()
STREET ADDRESS, RR OR P.O. BOX NUMBER		COUNTY
CITY	STATE	ZIP CODE

MOTOR VEHICLE/TRAILER INFORMATION

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER				MILEAGE
CYLINDER	H.P.	KIND OF VEHICLE	PREVIOUS TITLE NUMBER	PREVIOUS LICENSE NUMBER	PURCHASE DATE (MO/DAY/YR)	

CHECK ONE BOX ONLY:

- 1. The lien on the vehicle shown on the original certificate of title has been released. The notarized lien release is attached.
- 2. No lien was shown on the vehicle on the original certificate of title.
- 3. There is a lien currently on the vehicle as shown on the attached application for title.

I HEREBY STATE ALL FACTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE.

OWNER'S SIGNATURE

NOTARY INFORMATION REQUIRED

STATE	SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF	
NOTARY PUBLIC NAME (TYPE OR PRINT)	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC EMBOSSER SEAL	COUNTY (OR CITY OF ST. LOUIS)	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	



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