



AFFIDAVIT OF MISSING TITLE INFORMATION

State Form 56620 (R2 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES 100 N. Senate Avenue, Rm N411 Indianapolis, IN 46204 (888) 692-6841 www.bmv.in.gov
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The legal authority for this form is IC 9-17.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form. Copies may be accepted.
 2. Use the form below to report information that is missing on a certificate of title or vehicle bill of sale in cases where purchaser cannot return to the seller to obtain it. This form may only be used if the seller is not a licensed car dealer.
 3. The BMV reserves the right to forward all completed forms to Indiana Department of Revenue for review. The Indiana Department of Revenue may collect additional taxes.

SECTION 1 - AFFIRMATION OF PURCHASER(S)												
Purchaser(s) Name <i>(individual or company name)</i>												
VEHICLE IDENTIFICATION NUMBER or HULL IDENTIFICATION NUMBER												
Year					Make				Model			
The following information was missing on the certificate of title or bill of sale for the vehicle indicated above. I hereby request that the Indiana Bureau of Motor Vehicles uses the information provided below.												
<input type="checkbox"/> Date of Sale is missing. The correct Date of Sale is: _____ <small>(mm/dd/yyyy)</small>						<input type="checkbox"/> Selling Price is missing. The correct Selling Price is: \$ _____. ____						
SIGNATURE												
I swear or affirm that the information entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.												
Purchaser Signature					Printed Name				Date <i>(mm/dd/yyyy)</i>			