

Reset Form



AFFIDAVIT

State Form 37964 (R3 / 11-24)
BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-14-8-2.

STATE OF INDIANA

COUNTY OF _____

} SS:

Name

Address (*number and street, city, state, ZIP code*)

Deposes and says upon his / her oath that:

I swear or affirm that the information I have entered on this form is correct.
I understand that making a false statement on this form may constitute
the crime of perjury.

Signature

Date (*mm/dd/yyyy*)