

STATE OF INDIANA) IN THE BOONE CIRCUIT COURT
) SS:
 COUNTY OF BOONE) CAUSE NO. 06C01_____ - MI - _____

IN THE MATTER OF AN APPLICATION)
 FOR AN ORDER TO BMV TO ISSUE A)
 REPLACEMENT CERTIFICATE OF TITLE)
) Petitioner's telephone number:
 _____,)
 Petitioner) _____

VERIFIED PETITION FOR AN ORDER TO THE INDIANA BUREAU OF MOTOR VEHICLES TO ISSUE A REPLACEMENT CERTIFICATE OF TITLE

(Please complete by printing or typing the Petition, Order and Confidential Green Form)

I hereby state under oath that the following statements are true:

1. I am at least eighteen (18) years of age, and I am competent to make this Verified Petition for an Order to the Indiana Bureau of Motor Vehicles to Issue a Replacement Certificate of Title.

2. I am requesting the Court to order the Indiana Bureau of Motor Vehicles to issue a replacement certificate of title.

3. I am the legal owner of a vehicle described and identified as follows:

Year: _____ Make: _____ Model: _____

VIN: _____

4. I became legal owner of the vehicle on or about _____, 20___. I have attached a copy of the receipt or bill of sale. (If receipt or bill of sale is not attached, please explain why:

5. The original certificate of title has been destroyed, lost or is otherwise unobtainable, and no duplicate certificate of title exists. The original certificate of title was destroyed, lost or is otherwise unobtainable under the following specific circumstances: _____

6. I have attached the affidavit of police inspection of the vehicle. (**Police inspection is REQUIRED**). If you believe that a police inspection is impossible, explain why: _____

7. I am entitled to receive a duplicate certificate of title.

8. The following information about me is true and accurate:

Name: _____ DOB: _____ SSN: (See attached confidential form)

Address: _____

9. The following entity has a legal or equitable interest in the vehicle and should be designated as a lienholder upon the replacement certificate of title because the vehicle is security for an existing loan or obligation: _____.

10. I understand that this Petition affects my legal rights.

11. I understand fully all statements and representations in this Petition.

I AFFIRM UNDER THE PENALTIES FOR PERJURY, A CRIMINAL OFFENSE PUNISHABLE BY IMPRISONMENT AND THE PAYMENT OF FINE AND COSTS, THAT THE FOREGOING FACTS AND STATEMENTS ARE TRUE AND ACCURATE.

Date: _____

Signature of Petitioner

STATE OF INDIANA)
)
BOONE COUNTY) SS:

Before me, the undersigned, a Notary Public in the above County and State, personally appeared _____, who acknowledged the execution of the foregoing instrument and swore to the truth of the matters contained in that instrument.

Witness my hand and seal this ____ day of _____, 20__.

Printed: _____, Notary Public

Notary Commission: _____

Notary Commission Expires: _____

County of Residence: _____