



Affidavit For Cancellation of Registration for Lost Plate(s) – C19 Form

Commonwealth of Massachusetts • Registry of Motor Vehicles • P.O. Box 55889 • Boston, MA 02205-5889

This is to certify that the registrant(s) wish to cancel the registration of the vehicle described below but were unable to return the plate(s) because of the reason stated. If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of an owner's photo ID.

A. Owner Information

Acceptable identification must be presented at time of cancellation.

Owner/Lessee #1 _____

Owner/Lessee #2 _____

Address, City/Town _____

B. Vehicle Information

Registration # _____ Expiration Date _____

Year _____ Make _____ Model _____

of Plates Not Returned _____ State Reason Plate(s) Not Returned _____

C. Signature(s)

I affirm that all statements herein are true to the best of my knowledge and belief.

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH (Gen Laws Ch. 90, Sec. 24)

Print Name Owner/Lessee #1 _____ Signature Owner/Lessee #1 _____ Date _____

Print Name Owner/Lessee #2 _____ Signature Owner/Lessee #2 _____ Date _____

If there are two owners, signatures of both owners are required.

D. Information of Person Presenting this Affidavit (If Not Vehicle Owner)

Identification must be presented at time of cancellation.

Name _____ License # _____

Address, City/Town _____

Signature _____ Date: _____

RMV USE ONLY

ID presented (please check): Owner/Lessee #1 Owner/Lessee #2 Other (See Section D above)