



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

This is to certify that the registrant listed below returned
the certificate of registration for the purpose of cancelling
the registration of the vehicle described below but was
unable to return the plate(s) because of the reason stated.

REG NO. _____

ISSUE DATE _____

EXP. DATE _____

Lost Plate(s) - Affidavit For Cancellation of Registration

NAME _____

YEAR _____

ADDRESS _____

MAKE _____

INSURANCE CO. _____

TYPE _____

State Reason _____

Plate(s) Not Returned _____

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 Last Name _____

or Business Name _____

Signature of Registrant _____

Date Received _____

Clerk _____

of Registry at _____