

Registry of Motor Vehicles
PO Box 5588
Boston, MA 02205-5889

Registration Number	Year	Make
Vehicle Identification Number		

Application For:

Please Print

Duplicate Certificate of Registration

Duplicate Plate(s)

Plate Return Receipt

Duplicate Plate Return Receipt

Certified Copy of Records

Other

Owner's Name:

Last

First

Middle Initial

Address

Number

Street

City or Town

State

Zip

STATE REASON FOR REQUEST:

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.)

Date

Signature