



Missouri Department of Revenue  
**Affidavit of Lost, Destroyed, or Stolen License  
 and Affidavit to Confirm Identification**

<b>License Holder's Information</b>	Last Name		First Name		Middle Name
	Social Security Number		Date of Birth (MM/DD/YYYY)		Place of Employment
	Work Telephone Number (____) _____ - _____		Home Telephone Number (____) _____ - _____		
	License Office Visited		*Mailing Address (Optional)		
	City	State	Zip Code		

License has been (select one):  Lost  Destroyed  Stolen

Was the photo or image shown to you at the license office of you? .....  Yes  No

If not you, do you know the person shown? .....  Yes  No

Do you know how that person was able to obtain your identification documents to enable him or her to impersonate you? .....  Yes  No

Provide any information regarding the person who impersonated you.

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To substantiate your identification to be true and authentic, what documents are you presenting?

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Please accompany this affidavit with photocopies of the documents listed above. The originals were witnessed by license office personnel.

Based on the information above, what are you making application for?  Driver License  Nondriver License  Permit

\* If you would like your driver or nondriver license, or permit mailed to a different address than what's shown on the license document, please indicate that address in the mailing address section above.

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize this license office to scan or fax the photocopies of the documents listed above to the Department of Revenue to assist in substantiating my identity.	
	Signature	Date (MM/DD/YYYY) ____/____/____

<b>Notary Information</b>	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____	
	Notary Public Signature			Notary Public Name (Typed or Printed)

Form 4676 (Revised 03-2015)

**Mail to:** Driver License Bureau  
 P.O. Box 200  
 Jefferson City, MO 65105-0200

**Phone:** (573) 526-2407  
**Fax:** (573) 751-2722  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

Visit [www.dor.mo.gov/drivers](http://www.dor.mo.gov/drivers)  
 for additional information.

