



# Sheridan County Clerk & Recorder's Office

Eda Schunk Thompson - County Clerk & Recorder

Kim Hein - Chief Deputy & Vehicle Title Supervisor

Sarah Myers - Recording Supervisor

## AFFIDAVIT AND APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

W.S. 31-2-105(a)

**TITLE FEE \$15**  
**PLUS \$1 to Mail Title**

OFFICE USE ONLY	
TITLE	_____
TITLE DRAWER	_____
DOC SEARCH	_____
NMVTIS	_____
VAULT/FINANCE	_____
INITIALS	_____

To the County Clerk of Sheridan County, Wyoming:

I hereby certify that **Certificate of Title No.** \_\_\_\_\_  
was issued to me/us described here in, specifically:

**Owner Name(s) on Title** \_\_\_\_\_  
\_\_\_\_\_

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Body Style** \_\_\_\_\_ **VIN/HIN/SERIAL No.** \_\_\_\_\_

And that to the best of my knowledge and belief said Certificate of Title has been lost and that there are no additional liens, other than shown on the original Certificate of Title.

### Description of Loss:

\_\_\_\_\_  
\_\_\_\_\_

I understand that **THIS DUPLICATE Certificate shall VOID ANY PREVIOUS TITLES.** I hereby make application for a duplicate Certificate of Title as described above. The duplicate title shall be released to:

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

I/we hereby swear or affirm under penalty of perjury that all information on this Affidavit and Application is true and correct and that I/we are lawfully applying for a State of Wyoming Duplicate Title.

Signature of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_

(Name of applicant(s))

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public OR Deputy County Clerk

\_\_\_\_\_  
My Commission expires