MISSOURI DEPARTMENT OF

Form **4676**

REVENUE

Affidavit of Lost, Destroyed, or Stolen License and Affidavit to Confirm Identification

License Holder's Information

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.

_____

_____

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

_____

_____

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 ID ☐ Permit

* If you would like your driver license or nondriver ID, 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.

Signature

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)
	__ __ / __ __ / __ __ __ __

Notary Information

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 12-2022)