



State of Delaware  
Department of Transportation  
Division of Motor Vehicles



**TRANSFER ON DEATH APPLICATION**

**This form must accompany the title when adding TOD. If a lien holder has the title you must request the title from the lien holder.**

REGISTRATION #: \_\_\_\_\_ VIN: \_\_\_\_\_

CURRENT EXPIRATION: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

**I (WE) hereby certify that the below applicant(s) is the beneficiary (TOD) to whom my (our) motor vehicle shall be transferred upon my (our) death(s).**

**ALL VEHICLE OWNERS(S) MUST SIGN:**

PRINTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BENEFICIARY/BENEFICIARIES (TOD):**

TOD BENEFICIARY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOD BENEFICIARY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOD BENEFICIARY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_