



**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 lienholder has the title you must request the title from the lienholder.**

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: _____ RELATIONSHIP: _____
 TOD SIGNATURE: _____ DATE: _____ PHONE: _____

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 STATE: _____ ZIP CODE: _____ RELATIONSHIP: _____
 TOD SIGNATURE: _____ DATE: _____ PHONE: _____

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 ADDRESS: _____ CITY: _____
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 TOD SIGNATURE: _____ DATE: _____ PHONE: _____