



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF MOTOR VEHICLES**  
23 HAZEN DRIVE, CONCORD, NH 03305-0001  
Telephone: (603) 227-4000 Relay NH (7-1-1)  
[www.nh.gov/dmv](http://www.nh.gov/dmv)



Robert L. Quinn  
Commissioner of Safety

Elizabeth A. Bielecki  
Director of Motor Vehicles

## RECORD CHANGE REQUEST

**Note: This request will change data on all DMV records (Registration, Driver License, Title, etc.)  
Please complete form accordingly for permanent changes only.**

### 1. Person's Information: (Please Print)

NAME: \_\_\_\_\_  
*FIRST*
*MIDDLE*
*LAST*
*DATE OF BIRTH*

\_\_\_\_\_  
*Driver License or Non Driver ID Number*
*Best Contact Phone Number (Recommended)*
*Email Address*

### 2. Address Change: If you would like a replacement license/ID with the updated information go to any DMV Office and you may purchase a replacement at a cost of \$3.00.

MAILING ADDRESS: \_\_\_\_\_  
*STREET*
*CITY/TOWN*
*STATE*
*ZIP CODE*

Check this box if the legal address is the same as the mailing, if different please complete legal address below.

LEGAL ADDRESS: \_\_\_\_\_  
*STREET*
*CITY/TOWN*
*STATE*
*ZIP CODE*

Check this box if you wish to have your legal address appear on the back of your driver license or ID.

Check if you wish to add the Veteran Indicator. \*\* Must provide proof of honorable discharge\*\*

### 3. Name Change: Must appear in person at any DMV Office with supporting documentation. Marriage Certificate, Divorce decree, Adoption decree, Court decree, Name Change Petition from Probate Court, Passport.

NEW NAME: \_\_\_\_\_  
*FIRST*
*MIDDLE*
*LAST*
*SUFFIX (Jr. Sr. I, II, etc)*

### 4. Other Personal Identification Information: To change Date of Birth you must appear in person at any DMV Office with supporting documentation. Original or certified copy of Birth Certificate, valid Passport or valid Military ID.

Height	Weight	Eye Color	Hair Color	Gender	Date of Birth (mm/dd/year)

### 5. Donor Information:

Check Here  To Consent to Organ Donation pursuant to RSA 263:41.

Donation information will be provided to federally designated organizations so that your decision to donate may be honored.

Check here  to remove your consent to Organ and Tissue donation.

I, the undersigned applicant, certify under penalty of unsworn falsification pursuant to RSA 641:3, all information provided is correct and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_