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Robert L. Quinn

Commissioner of Safety

STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES 23 HAZEN DRIVE, CONCORD, NH 03305-0001



www.nh.gov/dmv



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:					
FIRS	MIDDLE		LAST	DATE OF BIRTH	
Driver License or Non Drive	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:					
	STRE	STREET		STATE ZIP CODE	
\Box Check this box if the legal address is the same as the mailing, if different please complete legal address below.					
LEGAL ADDRESS:					
Check this how if	STREET		CITY/TOWN	STATE ZIP CODE	
\Box 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: <u>Must</u> 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 T 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:	ignature: Date:				