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

John J. Barthelmes
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:**_____

FOR OFFICE USE ONLY: ☐ **Cash** ☐ **Check** ☐ **Credit Card**