



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

Please check if you wish to add the Veteran Indicator.

\*\* Must provide proof of honorable discharge\*\*

Office Use only: Cash  Check  Credit

### 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)
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### 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: \_\_\_\_\_