STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
23 HAZEN DRIVE, CONCORD, NH 03305-0001
(603) 227-4000
www.nh.gov/dmv

John J. Barthelmes
Commissioner of Safety

Richard C. Bailey Jr.
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.*

NOTE: If an updated license is requested, applicant must appear in person and present current license to any DMV office, at a cost of $3.00.

☐ ***Please check if you wish to add the Veteran Indicator.***

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)

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:** _____