

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 (Registrations, Driver License, Title, etc.)

Please complete form accordingly for permanent changes only.

1. Person's Information: (Please Print)							
1. Person's II	normation: (1	iease Fr	111t)				
NAME:							
FIRST		MIDDLE		LAST	DATE OF BII	RTH	
DRIVER LICENSE NUMBER / NON BEST CONTACT					EMAIL ADD	RESS	
DRIVER IDENTIFICATION NUMBER NUMBER (RECOMMENDED)							
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.							
	- U 1			,			
MAILING ADDRESS: STREET		1	CITY/TOWN		STATE	ZIP CODE	
	SIKEEI		C	11 1/10WN	SIAIE	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	S: STREET			CITY/TOWN	STATE	ZIP CODE	
	SIKEEI		•	111/10WN	SIAIL	ZIP CODE	
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.							
Office Use only: Cash 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:							
NEW NAME:	FIRST		MIDDLE	LAST	SUFFIX (fr. 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 W	eight Eye	Color	Hair Color	Gender	Date of Birth (m	m/dd/year)	
5 Danay Information							
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.	ion win o c provide	od to redera	ily designated sign	anizations so that y	our decision to donate		
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:							