



**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](http://www.nh.gov/dmv)



Robert L. Quinn  
 Commissioner of Safety

John C. Marasco  
 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*

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*Driver License or Non Driver ID Number Best Contact Phone Number (Recommended) Email Address*

## 2. Address Change: To obtain a replacement license/ID with the updated address, this application and the \$3.00 fee must be submitted to a DMV Office. Go to [dmv.nh.gov](http://dmv.nh.gov) for instructions on obtaining a new license.

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. Go to [dmv.nh.gov](http://dmv.nh.gov) for appointment availability and to find a list of acceptable supporting documentation.

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 a DMV Office with supporting documentation such as an original or certified copy of your birth certificate or a valid US Passport. Go to [dmv.nh.gov](http://dmv.nh.gov) for appointment availability.

Height	Weight	Eye Color	Hair Color	Date of Birth (mm/dd/year)

## 5. Donor Information:

**Check Here To Consent to Organ Donation pursuant to RSA 263:41.**

By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41 and RSA 291-A. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored. Revocation, suspension, expiration, or cancellation of a driver's license or identification card upon which an anatomical gift is indicated does not invalidate the gift. You may revoke your gift by checking the box below, or you may otherwise revoke or amend your gift in accordance with RSA 291-A:6.

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:** \_\_\_\_\_