Robert L. Quinn
Commissioner of Safety

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

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: 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 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 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 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.**

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**