



NH Department of Safety
Division of Motor Vehicles
Stephen E. Merrill Building
23 Hazen Drive, Concord NH 03305

John J. Barthelmes
 Commissioner of Safety

Virginia C. Beecher
 Director of Motor Vehicles

RECORD CHANGE REQUEST

1. INDICATE CHANGE
 DESIRED:

Name
 Address
 Both
 Other

To change name, date of birth, sex, social security number or FEID, please submit this card with appropriate official supporting documents.

2. **PRINT OR TYPE** INFORMATION AS IT **NOW** APPEARS ON YOUR CURRENT DOCUMENTS:

Name (Last, First, MI):	Social Security or FEID
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Mailing Address:	Town/City:	State:	Zip:
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Legal Address:	Town/City:	State:	Zip:
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Height	Weight	Eye Color	Hair Color	Sex	Mo.	Day	Date of Birth	Year
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DO NOT WRITE IN THIS SPACE

3. **PRINT OR TYPE ONLY NEW OR CHANGED** INFORMATION: (Note that this request will change data on all Divisional records (Registration, Driver License, Title, etc.) and should be filed for **permanent** changes only.)

Name (Last, First, MI):	Social Security or FEID
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Mailing Address:	Town/City:	State:	Zip:
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Legal Address:	Town/City:	State:	Zip:
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Height	Weight	Eye Color	Hair Color	Sex	Mo.	Day	Date of Birth	Year
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REASON FOR CHANGE:

Check Here To Consent to Organ & Tissue Donation pursuant to RSA 263:41
 Donation information will be provided to federally-designated organizations so that your decision to donate may be honored.

Or check here to remove your consent to Organ and Tissue donation.

SIGNATURE: _____
 Signed under penalty of unsworn falsification pursuant to RSA 641:3)

DATE: _____

