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

Mailing Address:	Town/City:	State:	Zip:

Legal Address:	Town/City:	State:	Zip:

Height	Weight	Eye Color	Hair Color	Sex	Date of Birth Mo	Day	Year

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

Mailing Address:	Town/City:	State:	Zip:

Legal Address:	Town/City:	State:	Zip:

Height	Weight	Eye Color	Hair Color	Sex	Date of Birth Mo.	Day	Year

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: _____ DATE: _____

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