



**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



Robert L. Quinn
Commissioner of Safety

Elizabeth A. Bielecki
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: 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.

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. Marriage Certificate, Divorce decree, Adoption decree, Court decree, Name Change Petition from Probate Court, Passport.

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 any DMV Office with supporting documentation. Original or certified copy of Birth Certificate, valid Passport or valid Military ID.

Height	Weight	Eye Color	Hair Color	Gender	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

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