



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:

Changes to donor information below can only be made directly at a State DMV Licensing Office.

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: _____