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

John C. Marasco
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: John *FIRST* | Smith *MIDDLE* | Doe *LAST* | 01/01/1980 *DATE OF BIRTH*

111222333 *Driver License or Non Driver ID Number* | 860-111-2222 *Best Contact Phone Number (Recommended)* | *Email Address*

2. Address Change: To obtain a replacement license/ID with the updated address, this application and the $10.00 fee (RSA 263:42) 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: Jane *FIRST* | Smith *MIDDLE* | Doe *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.

By checking this box, you consent to Organ & Tissue Donation pursuant to RSA 263:41 and RSA 291-A. Donation information will be provided to federally-designated organizations so that your decision to donate may be honored. Revocation, suspension, expiration, or cancellation of a driver's license or identification card upon which an anatomical gift is indicated does not invalidate the gift. You may revoke your gift by checking the box below, or you may otherwise revoke or amend your gift in accordance with RSA 291-A:6.

☐ 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**

DSMV 30 (Rev 2/26)

SAMPLE