



1ST CLASS
POSTCARD
POSTAGE
REQUIRED

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
10 HAZEN DRIVE
CONCORD, N.H. 03305-0999



NEW HAMPSHIRE - DEPARTMENT OF SAFETY - DIVISION 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 file this card with appropriate official supportive documents.
2. PRINT OR TYPE INFORMATION AS IT **NOW** APPEARS ON YOUR DOCUMENTS

DATE OF BIRTH MON. . DAY . YEAR	SOCIAL SECURITY OR FEID	NAME (LAST, FIRST, MI)
MAILING ADDRESS		CITY ST ZIP
LEGAL ADDRESS		CITY ST ZIP

3. PRINT OR TYPE ONLY NEW OR CHANGED INFORMATION. (Note that this request will change data on all divisional records [Registration, Driver License, Etc.] and should be filed for permanent changes only)

NAME (LAST, FIRST, MIDDLE INITIAL)						
MAILING ADDRESS		CITY		ST	ZIP	
LEGAL ADDRESS		CITY		ST	ZIP	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SEX	DATE OF BIRTH MON. . DAY . YEAR	SOCIAL SECURITY OR FEID
REASON FOR CHANGE						

DSMV 30
(REV. 03/92)

DATE SIGNATURE