



## 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:
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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: \_\_\_\_\_

