



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	Date of Birth		
					Mo.	Day	Year

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	Date of Birth		
					Mo.	Day	Year

REASON FOR CHANGE:

SIGNATURE: _____ DATE: _____
 (Signed under penalty of unsworn falsification pursuant to RSA 641:3)