## CHANGE OF NAME OR NAME CORRECTION REQUEST



## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

On The Web At ct.gov/dmv

E-78 REV. 8-2004

I hereby request a change of name on my registration and operator's license or ID card.

	NAME					
то	ADDRESS	(Number and Street)	(City of Town)	(State)	(Zip Code)	
	NAME					
FROM	ADDRESS	(Number and Street)	(City of Town)	(State)	(Zip Code)	
DATE OF BIRTH		OPERATOR LICENS	OPERATOR LICENSE NUMBER		REGISTRATION PLATE NUMBER	
REASON FO	R CHANGE:					

My change of name or name correction request is not for any fraudulent or wrongful purpose, is not detrimental to the rights or interest of any other person, and is not prohibited by or violative of any judicial or administrative adjudication. I understand that it is unlawful to use a false or fictitious name in my application for a registration, driver license or ID card, and that my registration, driver license or ID card may be canceled if I fail to give the required or correct information in my application or this request for a change of name or name correction.

The statements and information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

SIGNATURE	DATE SIGNED
X	