



STATE OF NEW MEXICO  
PUBLIC EDUCATION DEPARTMENT  
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CHRISTOPHER N. RUSZKOWSKI  
SECRETARY DESIGNATE OF EDUCATION

SUSANA MARTINEZ  
GOVERNOR

Request for Name Change  
(Please Print or type)

License Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Name to appear on License(s):

\_\_\_\_\_

Current address (license will be mailed to this address) \_\_\_\_\_

\_\_\_\_\_

Please include a copy of one of the **legal documents** listed below **AND** a current \*Photo ID\* that has the requested name reflected on it. \*driver's license or passport copy\*

**Acceptable documents:**

- copy of **marriage license** indicating the legal name change
- copy of a **divorce decree** indicating the legal name change
- copy of **certified court order** indicating the legal name change

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)