



DMV CHANGE of ADDRESS FORM

This form is for the use of Delaware residents desiring to change their address/s of record for their driver license, ID card, and/or vehicle registration. Delaware law requires citizens to notify DMV within 30 days of changing addresses.

INSTRUCTIONS: Please print out and complete this form. Mail the completed form to the Division of Motor Vehicles at the following address:

DIVISION OF MOTOR VEHICLES
ATTN: CHANGE OF ADDRESS
PO BOX 698
DOVER, DE 19903

GENERAL INFORMATION: DMV, for purposes of determining residency, domicile, and voting eligibility, requires your actual residential address and for purposes of mail notifications also your mailing address. Please make sure both are included on this form. You will receive new registration cards for your vehicles, and your address will be changed on your driver license record. You will need to visit one of our DMV locations to obtain a new driver license or ID card to reflect your address change, at no cost.

1) NAME: LAST NAME, FIRST NAME, MI DOB: Date of Birth DL#: Driver License Number

2) NAME: LAST NAME, FIRST NAME, MI DOB: Date of Birth DL#: Driver License Number

1) PHONE NUMBER: 2) PHONE NUMBER:

I/WE ARE RESIDENTS OF DELAWARE LIVING OUTSIDE DELAWARE AS A:

- Member/s or dependents of the Armed Forces of the United States.
Department of Defense employee or dependent of an employee, required to temporarily live in another country.

NEW RESIDENCE: (ACTUAL PHYSICAL RESIDENCE)

MAILING ADDRESS: (REQUIRED IF DIFFERENT THAN YOUR RESIDENCE)

Development Apt., Building, Area Etc.
Number and Street, Road, Lane PO Box Number, Mail Service Box, Etc.
DE
City, Town, Area State Zip Code City, Town, Area State Zip Code
Only Military Personnel and their dependents can have an Out of State Mailing Address

VEHICLE REGISTRATION INFORMATION- LICENSE PLATE NUMBERS:

VEHICLE 1 VEHICLE 2 VEHICLE 3 VEHICLE 4

I/we certify, under penalty of perjury, that the information on this form is true and correct to the best of my/our knowledge, information, and belief, and that I/we are bona fide residents of Delaware.

1) SIGNATURE OF APPLICANT: DATE:
2) SIGNATURE OF APPLICANT: DATE:

