



The Commonwealth of Massachusetts
Department of Criminal Justice Information Services
 Firearms Records Bureau
 200 Arlington Street, Suite 2200
 Chelsea, MA 02150

**NAME CHANGE REQUEST FOR
 FIREARMS IDENTIFICATION CARD AND LICENSE TO CARRY FIREARMS**

Instructions:

1. Complete the information below. Please PRINT CLEARLY.
2. Make a legible photocopy of the front side of your firearms identification card or license to carry.
3. Submit this form and copy of firearms license to:

Firearms Records Bureau by email to: **FRB@mass.gov**

OR

Call **617.660.4722**

You will need to supply your name, date of birth, active firearms license number, and driver’s license number for identity verification.

4. You will **not** receive a new license with the updated name.*

Date

FID card or LTC #

Date of Birth

PREVIOUS NAME:

NEW NAME:*

Last Name, First Name

Last Name, First Name

***If name is changing to reflect a change in gender, contact your local licensing authority to request a reprinted license.**