



STATE OF ARKANSAS  
**Department of Finance  
 And Administration**

Office of Driver Services  
 Driver License Issuance

**AFFIDAVIT OF LEGAL NAME CHANGE**

FOR STATE ID OR DRIVER LICENSE

**\*Only to be used if linking documents are missing**

I, \_\_\_\_\_  
 Birth Name

1<sup>st</sup> Marriage

Married Name _____	_____	Document provided
	Date	<b>Yes No</b>
Divorce decree: _____	_____	<b>Yes No</b>
	Date	

2<sup>nd</sup> Marriage

Married Name _____	_____	Document provided
	Date	<b>Yes No</b>
Divorce decree: _____	_____	<b>Yes No</b>
	Date	

3rd Marriage

Married Name _____	_____	Document provided
	Date	<b>Yes No</b>
Divorce decree: _____	_____	<b>Yes No</b>
	Date	

4th Marriage

Married Name _____	_____	Document provided
	Date	<b>Yes No</b>
Divorce decree: _____	_____	<b>Yes No</b>
	Date	

**If provided:**

Name on Out of State DL \_\_\_\_\_

Name on Social Security Card \_\_\_\_\_

Name requested on Arkansas DL \_\_\_\_\_

Signature of Licensee \_\_\_\_\_

\_\_\_\_\_ **Date**