



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**

**Birth Name**

<b>1<sup>st</sup> Marriage</b>		
Married Name:	Date:	Documentation Provided (Circle One) Yes                      No
Divorce Decree:	Date:	Documentation Provided (Circle One) Yes                      No

<b>2<sup>nd</sup> Marriage</b>		
Married Name:	Date:	Documentation Provided (Circle One) Yes                      No
Divorce Decree:	Date:	Documentation Provided (Circle One) Yes                      No

<b>3<sup>rd</sup> Marriage</b>		
Married Name:	Date:	Documentation Provided (Circle One) Yes                      No
Divorce Decree:	Date:	Documentation Provided (Circle One) Yes                      No

<b>4<sup>th</sup> Marriage</b>		
Married Name:	Date:	Documentation Provided (Circle One) Yes                      No
Divorce Decree:	Date:	Documentation Provided (Circle One) Yes                      No

**Additional Information if Applicable:**

**Name on Out of State License:** \_\_\_\_\_

**Name on Social Security Card:** \_\_\_\_\_

**Name Requested on Arkansas License:** \_\_\_\_\_

**Signature of Licensee**

**Date**