



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

| 1st Marriage | | |
|--------------------------------|-------|---|
| Married Name: | Date: | Documentation Provided (Circle One) Yes No |
| Divorce Decree: | Date: | Documentation Provided (Circle One) Yes No |

| 2nd Marriage | | |
|--------------------------------|-------|---|
| Married Name: | Date: | Documentation Provided (Circle One) Yes No |
| Divorce Decree: | Date: | Documentation Provided (Circle One) Yes No |

| 3rd Marriage | | |
|--------------------------------|-------|---|
| Married Name: | Date: | Documentation Provided (Circle One) Yes No |
| Divorce Decree: | Date: | Documentation Provided (Circle One) Yes No |

| 4th Marriage | | |
|--------------------------------|-------|---|
| 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