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. Send this form to the Firearms Records Bureau either by email or mail:

   FRB@mass.gov

   OR

   Firearms Records Bureau
   200 Arlington Street, Suite 2200
   Chelsea, MA 02150
   ATN: Change of Address Notification

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

_____
Date

_____
FID card or **LTC #**

_____
Date of Birth

Previous name:

_____
Last Name, First Name

New name:

_____
Last Name, First Name