



**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 to the 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**