## TOWN OF JACKSON Selectmen's Office 54 Main Street PO Box 268 Jackson, NH 03846

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Phone: 603-383-4223 Fax: 603-383-6980

## REQUEST FOR CHANGE OF NAME and/or ADDRESS

The Selectmen's Office (Assessing) is responsible for recording **changes in property ownership** from deeds we receive from the Carroll County Registry. If you transfer your property to another owner(s) or place it under **Trust** ownership, the change will be made when we receive the deed. The owner's address we use will be that which is on the deed, not necessarily the property location. If you have recently moved to Jackson, please make sure the Selectmen's Office has your correct address.

If you are divorced or your spouse or another owner is deceased, we do not remove the other person's name without official documentation, such as a deed, death certificate, notification from the NH State Division of Vital Records or Probate Notice.

We also record **name changes** due to marriage, divorce, or other legal change, with this signed form accompanied by your official documentation. For changes of trustees in a **TRUST** please send a copy of the recorded trustee document. To simply **change your mailing address**, just fill out this form, sign, date, and return to the Selectmen's Office.

**NOTE:** Name changes will not affect the status of your current recorded deed. Please seek the advice of an attorney regarding changes to ownership and/or legal name on your deed.

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		Map	Lot	Sublot
		Map		
Owner(s) as currently lis	sted on deed:			
Previous Mailing Address	 S:			
Previous Name(s):				
New Name(s):				
		billing, and any other Tow	n correspon	dence. Sorry, we canno
This change will be incorpora change addresses seasonally	y. Please contact your Post Office for i call or stop by	nformation. If you have any	y questions,	please don't hesitate to

THIS MUST BE SIGNED BY AN OWNER OF THE PROPERTY OR A LEGAL GUARDIAN