

# Change in Voter Registration Information

For County Office Use Only:

- Any registered elector may use this form to change his/her voter registration information.
- All fields with an \* are required for your change request to be complete.
- Submit your complete and signed form to your County Clerk and Recorder's Office.

## Change Requested (Select all that apply)

Name       Address       Party Affiliation

## Contact & Identifying Information

Last name\*       First name\*       Middle name\*

Date of birth (mm/dd/yyyy)\*       Social Security Number (last 4 digits)

Current Residence Address (No P.O. Boxes)\*: street address, city, state, zip

If you have lived here less than 30 days, when did you move to this address?\* (mm/dd/yyyy)

Mailing Address (required if different from residence): box# or number and street, city, state, zip

Telephone number (including area code)       Email address

## Name Change

Previous full name

## Address Change

Previous Residence Address (No P.O. Boxes)\*: street address, city, state, zip

## Declare or Change Party Affiliation

Current political party affiliation or status:

New political party affiliation (select only one):

- American Constitution       Democratic       Green       Libertarian  
 Republican       Unity       I wish to withdraw my affiliation and become Unaffiliated

## Signature

I swear or affirm under penalty of perjury that the information provided is true and correct.

Registered Elector's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_  
(if you are unable to sign personally, you must make a mark and a witness to the mark must sign here).