

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

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

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 (selection 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).