



## PARTY AFFILIATION CHANGE FORM

**License #:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Print)

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request that my political party registration be changed as follows:

**FROM:** Democrat [ ]          Republican [ ]          Undeclared [ ]

**TO:** Democrat [ ]          Republican [ ]          Undeclared [ ]

Signed under the pains and penalties of perjury.

**SIGN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**For Supervisor Use Only**

**VOTER ID #:** \_\_\_\_\_