



STATE OF NEW HAMPSHIRE
APPLICATION TO CHANGE PARTY AFFILIATION

Print Legibly

Town/City of _____ City Ward _____
enter town/city name

Voter: _____
First Name Middle Name Last Name Suffix

Domicile/Residence Address: _____
Street

_____ Date-of-Birth

I am currently registered as affiliated with the _____ party.
Fill in Party Name

I apply to change my party affiliation to (check one):

DEMOCRAT

REPUBLICAN

I declare that I affiliate with and generally support the candidates of the party chosen above.

_____ Date _____
Voter Signature. Signed under the pains and penalties of perjury

OR

UNDECLARED

I do not wish to be registered as a member of any party.

_____ Date _____
Voter Signature. Signed under the pains and penalties of perjury

Witness Signature is Required

I witnessed the voter listed on this form this form. I know this voter or he/she proved his/her identity to me:

Print Witness Name _____

Witness Signature: _____ Date _____

The completed and signed application must be returned to the town or city clerk by US Mail, Fax, e-mail attachment, or drop off no later than 5:00 PM on Tuesday June 2, 2020.

For Official Use Only Entered into ElectionNet: Date _____
Supervisor/Clerk Initials: _____