



Board of Elections
P.O. Box 490
Glen Burnie, Maryland 21060-0490

(PLEASE CHECK ALL THAT APPLY)

ADDRESS AFFILIATION NAME

Date:

Current Information:

Name :
Residence Address:
Post Office:
Mailing Address:

Apt:
Zip Code:

Date of Birth:
Phone Number:

Request for Change of Party Affiliation

I am a registered voter in Anne Arundel County. The following PARTY AFFILIATION is shown on my voter registration record:

Party:
Not affiliated with a political party:

Please change my voter registration record, recording me affiliated as:

Party:
Not affiliated with a political party:

Change of Name

I, a registered voter in Anne Arundel County, request that you change my NAME on the voter registration records.

Name on Registration:

Change of Address

I, a registered voter in Anne Arundel County, request that you change my ADDRESS on the voter registration records.

Old Address: Apt:

Post Office ZipCode:

SIGNATURE: