



California Secretary of State
CHANGE OF POLITICAL PARTY/CHANGE OF ADDRESS
 (Elections Code §§ 2119.5, 2152)

This form may only be completed by a voter who is currently registered to vote in their current county of residence. This form is to request a change of political party preference and/or to request a change of address within the same county. This form may only be completed during the time period of the 14th day before an election up until the close of the polls on Election Day. This form must be provided in person to the county elections official's office, polling location, or satellite office.

First name _____ Middle name _____

Last name (including suffix, such as Jr., Sr., III) _____

Date of birth
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Current residence address _____ Apt or Unit # _____

City _____ State CA Zip _____

I want to change my political party preference.

I want to choose a political party preference

- American Independent Party
- Democratic Party
- Green Party
- Libertarian Party
- Peace and Freedom Party
- Republican Party
- Other (specify): _____

I do not want to choose a political party preference

- No Party / None

I want to change my address. My previous address was:

Address _____ Apt or Unit # _____

City _____ State CA Zip _____

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and correct.

X
/
/

 Signature _____ Date signed _____ Month _____ Day _____ Year _____