



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*

\_\_\_\_\_  
*Town/City 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.

\_\_\_\_\_  
*Voter Signature. Signed under the pains and penalties of perjury* Date \_\_\_\_\_

**OR**

UNDECLARED

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

\_\_\_\_\_  
*Voter Signature. Signed under the pains and penalties of perjury* Date \_\_\_\_\_

**Witness Signature is Required**

I witnessed the voter listed on this form sign 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: \_\_\_\_\_