



STATE OF NEW HAMPSHIRE
APPLICATION TO CHANGE PARTY AFFILIATION

Type or 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.

_____ 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 _____

To change political party affiliation, a voter must mail a completed application, signed by the voter and a witness, to the Bedford Town Clerk. Alternatively, the Bedford Town Clerk is authorized to arrange a drop-off location for completed applications. The clerk shall provide the supervisors of the checklist all applications received by 5:00 p.m. on Tuesday, June 2, 2020.

Mail: Town Clerk 24 N. Amherst Rd. Bedford, NH 03110
Forms can also be received by using our secure drop box at the Bedford Town Offices.

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