



Section A - All Applicants		Present (old) information Copy from your driver's license and/or registration card					Enter new or changed information only						
		Driver's License No.:					Driver's License No.:						
Name:		First:	Middle:	Last:	Title (Jr., Sr., etc.):		Name:		First:	Middle:	Last:	Title (Jr., Sr., etc.):	
Height:		Weight:	Race:	Sex:	Date of Birth:		Height:		Weight:	Race:	Sex:	Date of Birth:	
Resident Address							Resident Address						
City:		County:		State:		Zip:	City:		County:		State:		Zip:
Title Number:					Tag Number:			Sticker Number:					
Check reason for changing your name:													
<input type="checkbox"/> Error <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Common Law <input type="checkbox"/> Reassume previously used surname <input type="checkbox"/> Court order													
Certification: I hereby certify, under penalty of perjury, that the statements made on this form are true and correct to the best of my knowledge, information, and belief.													
Full Signature (required): X										Date:			
Affidavit to reassume previously used name or for common law name change													
I am requesting that my previous name be changed from:						I am requesting that my previous name be changed to:							
First: Middle: Last: Title (Jr., Sr., etc.):						First: Middle: Last: Title (Jr., Sr., etc.):							
I hereby certify, under penalty of perjury, to using this name openly, consistently, and without fraudulent intent. New Name Signature (required):										Date:			
Section B - Voter Registration													
1 If you are already registered to vote in Maryland, the information in Section A will automatically update your voter registration information. Check here if you do not want your voter registration updated. <input type="checkbox"/> If you are already registered to vote in Maryland and you only want to change your party affiliation, complete Items 3, 9, 13, and 14. If you are NOT registered to vote in Maryland, and you would like to apply to register to vote, complete Items 2 - 14.													
2 Will you be at least 18 years old or older on or by the next General Election? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO to either question, do not complete this form.						3 Check boxes that apply and complete Items 4-14: <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change							
4 Mailing address (if different from residence address above in section A):													
5 Birth Month Day Year Date:				6 Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				7 Daytime Phone:					
8 Social Security Number: (Voluntary. See Instructions in section D):													
9 Party (check one): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Independent <input type="checkbox"/> Constitution <input type="checkbox"/> Unaffiliated (decline to join a party) <input type="checkbox"/> Other - Specify: _____													
10 <input type="checkbox"/> Check here if you would like information on polling place assistance for elderly, disabled, or voters unable to write or to read the ballot.						11 <input type="checkbox"/> Check here if you would like information on working as an election judge for your county board of elections.							
12 Under penalty of perjury, I hereby swear or affirm: I am a US citizen • I am a Maryland resident • I will be at least 18 years old or older by the next General Election • I am not under guardianship for mental disability • I have not been convicted of buying or selling votes • I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment, including any term of parole or probation for the conviction. The information in Section B of this application is true to the best of my knowledge, information, and belief.													
13 Full Signature (required)						14 Date			DO NOT WRITE IN SPACE BELOW				
A Name on Last Registration (if applicable):						Last Name Title (Jr., Sr., etc.) First Name Middle Initial			REG. CODE CLERK'S INITIALS CONTROL NUMBER MC _____ VOTER ID _____				
B Address on Last Registration (if applicable):						Street Number Street Name City or Town State Zip Code			DISTRICT PRECINCT WARD MONTH DAY YEAR				

