



WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

Enrollment Card

Name (please print): _____ D. O. B.: _____

Address (please print): _____

_____ Ward: _____ Precinct: _____

I hereby request that my political party enrollment be changed as follows:

From (Name of Party) _____

To (Name of Party or Unenrolled) _____

Signed under the pains and penalties of perjury.

Signature: _____ Date: _____