

INDIVIDUAL CHANGE OF ADDRESS/VOTER REGISTRATION APPLICATION
B-58 IND Rev. 7-2016

INSTRUCTIONS: *(Please print in ink or type):*

Section A: Individual Address Change

Section B: New Voter Registration Application/Change of Party Affiliation

Section C: Registration and Vessel Information

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

PLEASE MAIL COMPLETED FORM TO: Department of Motor Vehicles Change of Address Unit, 60 State Street, Wethersfield, CT 06161

SECTION A - INDIVIDUAL ADDRESS CHANGE			SECTION B - VOTER REGISTRATION APPLICATION	
DRIVER LICENSE OR ID NUMBER			Complete Section B if: <ul style="list-style-type: none">You are registering to vote for the first time. OR <ul style="list-style-type: none">You are already a registered voter and would like to change your political party affiliation.	
BIRTH DATE	LICENSE/ID EXPIRATION DATE	DAYTIME TELEPHONE NUMBER		
NAME OF APPLICANT <i>(First, Middle, Last)</i>			TO REGISTER TO VOTE YOU MUST BE: A United States citizen; at least 18 years of age (by election day); and a resident of Connecticut and the city or town where you are applying to register to vote.	
RESIDENCE ADDRESS (Must be included) <input type="checkbox"/> Check here if this is a new address			Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS <i>(Number, Street or R. R. and Box Number)</i>			Will you be 18 years of age on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(City or Town, Zip Code, County)</i>			If you checked "NO" in response to either of these questions, do NOT complete below this line as you cannot register to vote.	
MAILING ADDRESS If different <input type="checkbox"/> Check here if this is a new mailing address			Do you wish to enroll in a political party?	
ADDRESS <i>(Number, Street or R. R. and Box Number)</i>			<input type="checkbox"/> YES NAME OF PARTY: <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN	
<i>(City or Town, Zip Code)</i>			<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> Check here to remove current mailing address on file			<input type="checkbox"/> NO I DO NOT WISH TO ENROLL IN A PARTY AT THIS TIME AND WILL BE REGISTERED AS <u>UNAFFILIATED</u>	
<input type="checkbox"/> Check here if this change of address is NOT for voter registration purposes <i>If you are already a registered voter and you do not check this box, your address will be changed in your voter record as follows: (1) If your new address is in the same city/town, your address will be updated with the registrar in your city/town; or (2) if your new address is in a different city/town, this form will be used for voter registration in your new city/town.</i>			Note: Declaring a party enables you to vote in the party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.	
E-MAIL			LEAVING THIS SECTION BLANK WILL AUTOMATICALLY RESULT IN SELECTING <u>UNAFFILIATED</u>	
<input type="checkbox"/> Add e-mail address <input type="checkbox"/> Remove e-mail address <input type="checkbox"/> Change e-mail address			VOTER DECLARATION:	
By checking the box above you understand all registration renewals will be sent to you ONLY via e-mail			<ul style="list-style-type: none">I swear or affirm under penalty of perjury that:<ul style="list-style-type: none">* I am a U.S. Citizen* I live in Connecticut at the address shown above* I am at least 17 years old* I have not been convicted of a disfranchising felony, or if so, I am eligible to register to vote	
E-MAIL ADDRESS HERE:				
ORGAN DONOR			SIGNATURE OF APPLICANT**	
<input type="checkbox"/> I consent to organ and tissue donation and wish to be in the donor registry			TODAY'S DATE	
<input type="checkbox"/> I no longer wish to be in the donor registry				
SIGNATURE OF APPLICANT*		TODAY'S DATE	**Voter registrations without signatures will not be processed.	
<i>*Forms without a signature will not be processed.</i>			<i>The information that I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.</i>	
			<i>By signing this application form, you agree to allow the signature from your license record to be used as the signature on your voter registration record.</i>	

SECTION C

VEHICLE REGISTRATION INFORMATION		VESSEL INFORMATION
PLATE NUMBER	CT TOWN AND STREET ADDRESS WHERE VEHICLE IN THE NORMAL COURSE OF OPERATION MOST FREQUENTLY LEAVES FROM, RETURNS TO OR REMAINS	CT/NUMBER

