



# SECRETARY OF THE COMMONWEALTH ENROLLEMNT CARD

**Name** (please print): \_\_\_\_\_

**Address** (please print): \_\_\_\_\_

**Ward:** \_\_\_\_\_ **Precinct:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**From** (Name of Party or Unenrolled):

\_\_\_\_\_

**To** (Name of Party or Unenrolled):

\_\_\_\_\_

**Signed under the pains and penalties of perjury.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_