

**APPLICATION FOR CHANGE OF PARTY AFFILIATION
(State of Louisiana)**

DATE _____

TO THE REGISTRAR OF VOTERS, PARISH OF _____

I AM REGISTERED IN WD/PCT _____ WITH DATE OF BIRTH _____

MY PARTY AFFILIATION IS SHOWN AS (Circle one or write in)

DEMOCRAT REPUBLICAN GREEN LIBERTARIAN
REFORM NONE OTHER _____

I WANT TO CHANGE SAID RECORD TO REFLECT MY PARTY AFFILIATION AS (Circle one or write in)

DEMOCRAT REPUBLICAN GREEN LIBERTARIAN
REFORM NONE OTHER _____

ADDRESS _____

SS# _____

(Full or Last 4 digits, optional)

LA DRIVER'S LICENSE / ID# _____

NAME _____

(Please print)

PHONE# _____

(Signature of Applicant)