

State of Maryland – Voter Update Form

Note: Have the voter fill out the applicable section and sign and date at the bottom.

Voter Information	Election Judges fill in this section:				
	_____	_____	_____	_____	_____
	Voter ID #	Last Name	First Name	Middle Name	Date of Birth

Change of Address	<input type="checkbox"/> Check here if you moved within 21 days of the election. Provide your new address below:			
	Residence Address: _____	NOTE: If you moved more than 21 days before election day, you have two choices:		
	Mailing Address (if different): _____	Go to an early voting center in your county or your new precinct on election day, OR vote a provisional ballot here. If you vote a provisional ballot here, only those contests for which you are eligible to vote will be counted.		
	City, State ZIP: _____			
	Telephone Number: (Day) _____ (Evening) _____			

Change of Name/Date of Birth	_____			
	Last Name	First Name	Middle Name	Date of Birth

Change of Party Affiliation	For future elections, I want my party affiliation to be:			
	<input type="checkbox"/> Democratic Party	<input type="checkbox"/> Republican Party	<input type="checkbox"/> Green Party	<input type="checkbox"/> Libertarian Party
	<input type="checkbox"/> Unaffiliated (independent of any party)			
	<input type="checkbox"/> Other-Specify: _____			

Identification Information	<i>Election Judge Use Only</i> – ✓ Indicate the type of ID provided only if “ID required” is specified on the VAC or precinct register.	
	Photo ID – There is no requirement that the photo ID have an address or, if there is an address, that the address match the address on the VAC or this form.	Non Photo ID – The document must be current (dated within the last 3 months) and must contain the same name and address as listed on the VAC or this form.
	<input type="checkbox"/> Maryland Driver’s License or MVA ID Card - # _____	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Pay Check
	<input type="checkbox"/> Other Photo ID –Type _____	<input type="checkbox"/> Bank Statement <input type="checkbox"/> Government Check
		<input type="checkbox"/> Other Government Document – Type _____

Death Notice	I, _____, confirm that the voter listed above is deceased and therefore request that the voter’s name be removed from the voter registration records.
	Relationship to the deceased: _____

Signature of Voter	I affirm under penalty of perjury that the information on this form is true and correct.	
	_____	_____
	Signature of Voter	Date