

**INDIVIDUAL CHANGE OF ADDRESS/  
VOTER REGISTRATION APPLICATION**  
B-58 IND Rev. 9-2016

STATE OF CONNECTICUT  
DEPARTMENT OF MOTOR VEHICLES

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**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

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

<b>SECTION A - INDIVIDUAL ADDRESS CHANGE</b>			<b>SECTION B - VOTER REGISTRATION APPLICATION</b>	
DRIVER LICENSE OR ID NUMBER			Complete Section B if:	
BIRTH DATE	LICENSE/ID EXPIRATION DATE	DAYTIME TELEPHONE NUMBER	<ul style="list-style-type: none"> <li>• You are registering to vote for the first time.</li> <li>OR</li> <li>• You are already a registered voter and would like to change your political party affiliation.</li> </ul>	
NAME OF APPLICANT (First, Middle, Last)			<b>TO REGISTER TO VOTE YOU MUST BE:</b> 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.	
<b>RESIDENCE ADDRESS (Must be included)</b> <input type="checkbox"/> Check here if this is a new address ADDRESS (Number, Street and if applicable, Unit/Apartment number) (City or Town, Zip Code, County)			Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO  Will you be 18 years of age on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO  If you checked "NO" in response to either of these questions, do NOT complete below this line as you cannot register to vote.	
<b>MAILING ADDRESS If different</b> <input type="checkbox"/> Check here if this is a new mailing address ADDRESS (Number, Street and if applicable, Box number) (City or Town, Zip Code)			Do you wish to enroll in a political party?  <input type="checkbox"/> YES <b>NAME OF PARTY:</b> <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN  <input type="checkbox"/> OTHER: _____  <input type="checkbox"/> NO <b>I DO NOT WISH TO ENROLL IN A PARTY AT THIS TIME AND WILL BE REGISTERED AS <u>UNAFFILIATED</u></b>	
<input type="checkbox"/> Check here to remove current mailing address on file  <input type="checkbox"/> Check here if this change of address is <b>NOT</b> 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.  <b>LEAVING THIS SECTION BLANK WILL AUTOMATICALLY RESULT IN SELECTING <u>UNAFFILIATED</u></b>	
<b>E-MAIL</b> <input type="checkbox"/> Add e-mail address <input type="checkbox"/> Remove e-mail address <input type="checkbox"/> Change e-mail address  By checking the box above you understand all registration renewals will be sent to you <b>ONLY</b> via e-mail			<b>VOTER DECLARATION:</b>	
E-MAIL ADDRESS HERE:			<ul style="list-style-type: none"> <li>• I swear or affirm under penalty of perjury that:               <ul style="list-style-type: none"> <li>* I am a U.S. Citizen</li> <li>* I live in Connecticut at the address shown above</li> <li>* I am at least 17 years old</li> <li>* I have not been convicted of a disfranchising felony, or if so, I am eligible to register to vote</li> </ul> </li> </ul>	
ORGAN DONOR			SIGNATURE OF APPLICANT**	
<input type="checkbox"/> I consent to organ and tissue donation and wish to be in the donor registry <input type="checkbox"/> I no longer wish to be in the donor registry			TODAY'S DATE	
SIGNATURE OF APPLICANT*			**Voter registrations without signatures will not be processed.  <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>	
*Forms without a signature will not be processed.			<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**

<b>VEHICLE REGISTRATION INFORMATION</b>		<b>VESSEL INFORMATION</b>
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