



FOR DMV INTERNAL USE ONLY	
<input type="checkbox"/>	LICENSE/ID CHANGES COMPLETED
<input type="checkbox"/>	REGISTRATION CHANGES COMPLETED

Individual Change of Address/Organ & Tissue Donor Status/Voter Registration Application

Please mail completed form to: **DMV Change of Address Unit, 60 State Street, Wethersfield, CT 06161-1015**

About You You <u>must</u> provide your name, license/ID number and birth date.	1	NAME (Last, First, Middle)	BIRTH DATE
		OPERATOR LICENSE/ID NUMBER	TELEPHONE NUMBER
Your Residence Address This must be a Connecticut address.	2	STREET ADDRESS UNIT/APT. #	
		CITY	STATE ZIP CODE CT 06 _____
		DMV shares residence address updates with town registrars of voters so they can update your voting address, if you are a registered voter.	<input type="checkbox"/> Check here if you do NOT want your voting address automatically updated.
Your Mailing Address If different from your residence address.	3	STREET ADDRESS UNIT/APT. #	
		CITY	STATE ZIP CODE _____
Organ and Tissue Donor Status	4	<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	
Your E-mail Address	5	If you provide an e-mail address, your registration renewal notices will only be sent to your e-mail.	E-MAIL
		<input type="checkbox"/> Check here to remove an e-mail address already on file and have your registration renewal reminders sent to you by mail.	
Your Vehicles/Vessels  ONLY list vehicles/vessels garaged somewhere other than your new residence address.	6	PLATE/VESSEL NO: ADDRESS	
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		(List any additional vehicles on a separate sheet and attach it to this form.) *All vehicles will be changed to your new residence address unless specified here.*	
SIGNATURE	X	SIGNATURE <u>REQUIRED</u>	DATE

DO NOT COMPLETE BELOW THIS LINE UNLESS YOU WANT TO REGISTER TO VOTE OR CHANGE YOUR POLITICAL PARTY AFFILIATION.

Voter Registration Application Section ONLY complete this section if you would like to apply for voter registration or if you are already registered to vote and want to change your political party affiliation.	7	Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO Will you be at least 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.
		Do you wish to enroll in a political party? <input type="checkbox"/> YES NAME OF PARTY: <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NO I do not wish to enroll in a party at this time and will be registered as <u>UNAFFILIATED</u> . 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.
		LEAVING THIS BOX BLANK WILL AUTOMATICALLY RESULT IN SELECTING "UNAFFILIATED".
		VOTER DECLARATION - I swear or affirm under penalty of perjury that: * I am a U.S. Citizen; * I am at least 17 years old and will be at least 18 years old on or before election day; * I live in Connecticut at the address shown above; * I have not been convicted of a disenfranchising felony, or if so, I am eligible to register to vote. 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. By signing this Voter Declaration, I am applying to register to vote or changing my existing party affiliation, and I agree to allow the signature from my license record to be used as the signature on my voter registration record.
		 X SIGNATURE FOR VOTER REGISTRATION <u>ONLY</u>**

**** Voter registrations without signatures will not be processed.**