



Application for Maryland Change of Address

UNITED STATES GOVERNMENT EMPLOYEES SHOULD USE FORM VR-102 TO CERTIFY A TEMPORARY OUT-OF-STATE ADDRESS.

Please complete in ink. All applicants must complete Section A. Complete Section B to apply to register to vote in Maryland. If you are already registered to vote in Maryland, you can use Section B to indicate that you do not want your voter registration address updated or to change your party affiliation. For additional instructions, see back of form.

Section A - All Applicants	Driver's License/ Soundex Number					Date of Birth					
	Name:	First:		Middle:		Last:		Title (Jr., Sr., etc.):			
	Old Resident Address					New Resident Address					
	City:	County:	State:	Zip:	City:	County:	State:	Zip:			
	Title Number:		Tag Number:			Sticker Number:					
Certification: I hereby certify, under penalty of perjury, that the statements made on this form are true and correct to the best of my knowledge, information, and belief.											
Full Signature (required): <div style="text-align: center; font-size: 2em; font-weight: bold;">X</div>											
Date:											
Section B - Voter Registration	1 If you are already registered to vote in Maryland, the information in Section A will automatically update your voter registration information. Check here if you do not want your voter registration updated. <input type="checkbox"/> If you are already registered to vote in Maryland and you only want to change your party affiliation, complete Items 3, 9, 13, and 14. If you are NOT registered to vote in Maryland, and you would like to apply to register to vote, complete Items 2 - 14.										
	2 Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO to either question, do not complete this form.					3 Check boxes that apply and complete Items 4-14: <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Address Change					
	4 Mailing address (if different from residence address above in section A):										
	5 Birth Date: Month Day Year			6 Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		7 Daytime Phone:					
	8 Social Security Number: (Voluntary. See Instructions in section D):										
	9 Party (check one): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> Unaffiliated (independent of any party) <input type="checkbox"/> Other - Specify: _____										
	10 <input type="checkbox"/> Check here if you would like information on polling place assistance for elderly, disabled, or voters unable to write or to read the ballot.					11 <input type="checkbox"/> Check here if you would like information on working as an election judge for your county board of elections.					
	12 Under penalty of perjury, I hereby swear or affirm: I am a U.S. citizen • I am a Maryland resident • I am at least 16 years old • I have not been convicted of buying or selling votes • I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment, including any term of parole or probation for the conviction. The information in Section B of this application is true to the best of my knowledge, information, and belief.										
	13 Full Signature (required)					14 Date		<div style="text-align: center;">DO NOT WRITE IN SPACE BELOW</div> <div style="text-align: right;">CONTROL NUMBER</div> <div style="display: flex; justify-content: space-between;"><div>REG. CODE</div><div>CLERK'S INITIALS</div></div> <div>MC _____</div> <div>VOTER ID _____</div> <div style="display: flex; justify-content: space-between;"><div>DISTRICT</div><div>PRECINCT</div><div>WARD</div><div>MONTH</div><div>DAY</div><div>YEAR</div></div>			
	Address on Last Registration (if applicable):					Street Number Street Name					
	City or Town					State Zip Code					

For more information, please call: **410-768-7000** (to speak with a customer service representative).

TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.MVA.Maryland.gov**

White Copy - Board of Elections Canary Copy - MVA Pink Copy - Customer

Section C - All Applicants Information	<p>Instructions - Once you have completed this form, please forward to the address on the front of this form or bring it into any Motor Vehicle Administration (MVA) full service office. The Maryland Motor Vehicle Law requires that you notify the MVA of any change in your address within thirty (30) days of the change.</p> <p>NOTE: If you have changed your name, you must visit a full service MVA branch to obtain a corrected driver's license or ID.</p> <ol style="list-style-type: none"> In Section A of the reverse side, copy all information directly from your present driver's license/ID card (be sure to include your driver's license number). If you do not have a Maryland driver's license or ID card and want to change your address on vehicle title and registration documents, print your soundex number, full name and date of birth in the spaces provided. On the top right-hand portion of Section A on the reverse side, complete the new resident address information. If you are leasing a vehicle, please complete another Change of Address form using the owner and vehicle information from the leased vehicle's registration card. <p>A commercial driver must obtain a corrected license whenever the commercial driver changes his or her mailing address.</p>						
Section D - Voter Registration Information	<p>TO REGISTER TO VOTE YOU MUST</p> <ul style="list-style-type: none"> • Be a U.S. citizen; • Be a Maryland resident; • Be at least 16 years old*; • Not have been found by a court to be incapable of voting by reason of mental disability; • Not have been convicted of buying or selling votes; • Not have been convicted of a felony, or if you have, you have completed serving a court-ordered sentence of imprisonment, including any term of parole or probation for the conviction. <p>*You may register to vote if you are at least 16 years old but cannot vote unless you will be at least 18 years old by the next General Election.</p> <p>USE VOTER REGISTRATION APPLICATION IN SECTION B TO:</p> <ul style="list-style-type: none"> • Register to vote in federal, state, county, and municipal elections in Maryland. • Change your address, or party affiliation. <p>SOCIAL SECURITY NUMBER (ITEM 8)</p> <p>The disclosure of your full social security number is voluntary. The statutory authority allowing officials to request your social security number is Election Law Art., §3-202. The number will only be used for registration and other administrative purposes. It will be kept confidential.</p>		<p>PARTY AFFILIATION (ITEM 9)</p> <p>You must register with a party if you want to take part in that party's primary election.</p> <p>DEADLINE INFORMATION</p> <ul style="list-style-type: none"> • This application must be received by a Maryland election office no later than 9 p.m. 21 days before an election. • If your application is complete and you are found to be qualified, a Voter Notification Card will be mailed to you. • You are not registered until you receive your Voter Notification Card. • The submission of this form to an individual other than an official, employee, or agent of a County Board of Elections does not assure that the form will be submitted or filed in a timely manner. <p>WARNING:</p> <p>Giving false information to obtain voter registration is perjury and is punishable by a fine of up to \$1000, or imprisonment for up to 5 years, or both.</p>				
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