B-58 IND Rev. 10-2019

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

FOR DMV INTERNAL USE ONLY						
\Box	LICENSE/ID CHANGES COMPLETED					
	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

		State Street, Wethersheid, Or ouron			
bout You		NAME (Last, First, Middle)		BIRTH DATE	
ou must provide your lame, license/ID number and birth date.	1	OPERATOR LICENSE/ID NUMBER	TELEPHO	NE NUMBER	
		CTDFFT ADDDFGG			
		STREET ADDRESS UNIT/APT. #			
Your Residence	2	CITY	TE	ZIP CODE	
Address		C.		06	
This must be a Connecticut address.					
		a registered voter.	ck here if you matically upd	do NOT want your voting address ated.	
Your Mailing		STREET ADDRESS UNIT/APT. #			
Address	3			ZID CODE	
If different from your residence address.		CITY STA	TE	ZIP CODE	
Organ and Tissue Donor Status	4	☐ I consent to organ and tissue donation ☐ I no longer wish to be in the donor registry and 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.			
	_	☐ Check here to remove an e-mail address already on file and have your re	egistration ren	ewal reminders sent to you by mail.	
Your Vehicles/Vessels		PLATE/VESSEL NO: ADDRESS			
STOP!		PLATE/VESSEL NO: ADDRESS			
ONLY list vehicles/vessels	6	PLATE/VESSEL NO: ADDRESS			
garaged somewhere other than your new		(List any additional vehicles on a separate sheet and attach it to this form.)			
residence address.		*All vehicles will be changed to your new residence address unless specified here.*			
SIGNATURE	х	SIGNATURE REQUIRED	DAT	E	
DO NOT COMPLETE E	ELO	W THIS LINE UNLESS YOU WANT TO REGISTER TO VOTE OR CHANGE Y	OUR POLITI	CAL PARTY AFFILIATION.	
		Are you a citizen of the United States of America? YES NO			
		Will you be at least 18 years of age on or before election day? YES 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?			
Voter		☐ YES NAME OF PARTY: ☐ DEMOCRATIC ☐ REPUBLICAN ☐ OTHER:			
Registration		NO I do not wish to enroll in a party at this time and will be registered	as UNAFFILI	ATED.	
Application		Note: Declaring a party enables you to vote in the party's primary election, which is open only to party members.			
Section	7	You may later choose to switch enrollment to or from a political party.			
	'	LEAVING THIS BOX BLANK WILL AUTOMATICALLY RESULT IN SELECTING "UNAFFILIATED".			
ONLY complete this		VOTER DECLARATION - I swear or affirm under penalty of perjury that:			
section if you would		* I am a U.S. Citizen;		Y .	
like to apply for voter		* I am at least 17 years old and will be at least 18 years old on or before election day;			
registration or if you are already registered		* I live in Connecticut at the address shown above;			
to vote and want to		* I have not been convicted of a disenfranchising felony, or if so, I am eligible to register to vote.			
change your political party affiliation.		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 chang to allow the signature from my license record to be used as the signature or	ng my existing n my voter reg	g party affiliation, and I agree pistration record.	
		X SIGNATURE FOR VOTER REGISTRATION ONLY**		DATE SIGNED	
		** V. to a resistrations without signatures will not be processed			