

**GENERAL INSTRUCTIONS: PLEASE PRINT**

Please verify and / or complete all the information listed on this form, then sign and date it. Make corrections as necessary.

**RESIDENT ADDRESS-** If your resident address is incorrect, make the change in the space to the right of the incorrect address.

**DELETIONS:-** Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the "SHADED" line below the printed line.

**A - NAMES OF ALL FAMILY HOUSEHOLD MEMBERS AT THIS ADDRESS-** Includes any member of the family in Military Service, away at school or confined to a rest home. If a "NEW" member has been added to the family or household, enter the name and date of birth in the space provided.

**B - MAIL TO:-**This is the designated individual to whom this form has been sent. If you wish to change the designated "Mail To" contact, place a "Y" next to the name of newly selected individual. ONLY ONE "HEAD OF HOUSEHOLD" may be designated in order for the entire family to be listed together.

**C - DATE OF BIRTH-** "MM"-Month, "DD"-Day, "YYYY"-Year. If your date of birth is blank or incorrect, please make appropriate changes.

**D - OCCUPATION -** Enter occupation, not place of employment.

**E - POLITICAL PARTY -** "R" = REPUBLICAN, "D" = DEMOCRAT, "L" = LIBERTARIAN, "J" = GREEN-RAINBOW, "U" = UNENROLLED. All other letters represent political party designations. This reflects the information on file and can only be updated by completing the necessary voter registration or party enrollment change form.

**F - NATIONALITY:-**If not a US Citizen, please indicate nationality.

**G - MOVED/DECEASED -** If this person has moved or is deceased, please indicate with an "M" or "D".

**H - VETERAN:-**Write "Y" in this column if any person listed is a Veteran of US Armed Forces.

**I - PUBLIC SAFETY -** Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.

**J - VOTER STATUS -** Indicates whether a person is an active or inactive voter. Returning this form will reactivate voter status unless the voter indicates that he/she has moved and signs this form.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE REGISTRAR OF VOTERS OFFICE AT 508-821-1044**

**IF A HOUSEHOLD MEMBER HAS MOVED,  
HE/SHE MUST ENTER NEW INFORMATION BELOW AND SIGN THIS FORM.**

HOUSEHOLD MEMBER NAME	NEW STREET ADDRESS	NEW CITY/TOWN NAME	NEW STATE	NEW ZIP CODE

\_\_\_\_\_  
**Signature of Respondent**

Signed under the Penalties of Perjury as Prescribed by M.G.L. Chapter 56, §4.

\_\_\_\_\_  
**Signature of Respondent**

Signed under the Penalties of Perjury as Prescribed by M.G.L. Chapter 56, §4.

\_\_\_\_\_  
**Signature of Respondent**

Signed under the Penalties of Perjury as Prescribed by M.G.L. Chapter 56, §4.

\_\_\_\_\_  
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