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California Secretary of State
Elections Division
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September 21, 2026

County Clerk/Registrar of Voters (CC/ROV) Memorandum # 26248

TO: All County Clerks/Registrars of Voters

FROM: /s/ Rachelle Delucchi
Elections Counsel

RE: General Election: Residence Address and Political Party Preference Changes at Polling Locations

Change of Residence Address Within the County

Elections Code section 2119.5 allows an existing voter, after the close of registration through the close of the polls on Election Day, to change their residence address within their same county by submitting a written request to their county elections official, in lieu of executing a new affidavit of registration.

The written request must be delivered to the county elections official's office or to any location that offers conditional voter registration and at which a ballot can be issued. Following delivery to such a location, the county elections official shall issue a ballot to the voter in accordance with subdivision (b) of Section 2119.5.

Upon receipt of a properly executed written request, the registration of the voter shall be immediately updated, and the written request shall be maintained with the voter's record. (Elec. Code, § 2119.5(c).)

Change of Political Party Preference

Elections Code section 2152 allows an existing voter, after the close of registration through the close of the polls on Election Day, to change their political party preference by submitting a written request to their county elections official, in lieu of executing a new affidavit of registration.

The written request must be delivered to the county elections official's office or to any location that offers conditional voter registration and at which a ballot can be issued.

Following delivery to such a location, the county elections official shall issue a ballot to the voter in accordance with subdivision (c) of Section 2152.

Upon receipt of a properly executed written request, the registration of the voter shall be immediately updated, and the written request shall be maintained with the voter's record. (Elec. Code, § 2152(d).)

Request Form - Change of Political Party / Change of Address

A written request form, and translations of the form into Spanish, Chinese, Hindi, Japanese, Khmer, Korean, Tagalog, Thai, and Vietnamese, are attached hereto. The form has not changed since the last election.

Although use of the attached written request form and the translations is not required by the Elections Code, the Secretary of State strongly recommends that counties use these attachments.

If you would like a Word version of any of the attachments, please send an email to translations@sos.ca.gov.

Updating Voter Registration Dates

As a reminder, the VoteCal guidance document Updating Voter Registration Dates contains information on the updating of voter registration dates as a result of receiving written requests to change residence addresses or political party preferences, in addition to other helpful information. If you have any questions about this guidance document, please contact Cathy Ingram-Kelly at ckelly@sos.ca.gov.

If you have any questions in general about this CCROV, please feel free to contact either Rachelle Delucchi at rdelucch@sos.ca.gov or Robbie Anderson at aanderso@sos.ca.gov. Thank you.

Attachments

California Secretary of State
CHANGE OF POLITICAL PARTY/CHANGE OF ADDRESS
(Elections Code §§ 2119.5, 2152)

This form may only be completed by a voter who is currently registered to vote in their current county of residence. This form is to request a change of political party preference and/or to request a change of address within the same county. This form may only be completed during the time period of the 14th day before an election up until the close of the polls on Election Day. This form must be provided in person to the county elections official's office, polling location, or satellite office.

First name _____ Middle name _____

Last name *(including suffix, such as Jr., Sr., III)* _____

Date of birth __ __ __ __ __ __ __ __
M M D D Y Y Y Y

Current residence address _____ Apt or Unit # _____

City _____ State **CA** Zip _____

☐ **I want to change my political party preference.**

I want to choose a political party preference

☐ American Independent Party
☐ Democratic Party
☐ Green Party
☐ Libertarian Party
☐ Peace and Freedom Party
☐ Republican Party
☐ Other *(specify)*: _____

I do not want to choose a political party preference

☐ No Party / None

☐ **I want to change my address. My previous address was:**

Address _____ Apt or Unit # _____

City _____ State **CA** Zip _____

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and correct.

X _____ / /

Signature Date signed Month Day Year

Secretario de Estado de California
CAMBIO DE PARTIDO POLÍTICO/CAMBIO DE DOMICILIO
(Código Electoral §§ 2119.5, 2152)

Solo se puede completar este formulario si en este momento el votante está registrado para votar en el condado de residencia actual. Este formulario es para solicitar el cambio del partido político de su preferencia o para solicitar el cambio de domicilio dentro del mismo condado. Este formulario solo se puede completar desde el día 14 antes de la elección hasta el cierre de las urnas el Día de la Elección. Este formulario se debe entregar personalmente en la oficina del funcionario de la oficina electoral del condado, el lugar de votación o la oficina subsidiaria.

Nombre _____ Segundo nombre _____

Apellido *(incluido el sufijo, por ejemplo, Jr., Sr., III)* _____

Fecha de nacimiento __ __ __ __ __ __ __ __
M M D D A A A A

Domicilio de residencia actual _____ # de apartamento o unidad _____

Ciudad _____ Estado **CA** Código postal _____

☐ **Quiero cambiar el partido político de mi preferencia.**

Quiero elegir el partido político de mi preferencia

☐ Partido Americano Independiente
☐ Partido Demócrata
☐ Partido Verde
☐ Partido Libertario
☐ Partido Paz y Libertad
☐ Partido Republicano
☐ Otro *(especificar)*: _____

No quiero elegir el partido político de mi preferencia

☐ Ningún Partido / Ninguno

☐ **Quiero cambiar mi domicilio. Mi domicilio anterior era:**

Dirección _____ # de apartamento o unidad _____

Ciudad _____ Estado **CA** Código postal _____

Declaro bajo pena de perjurio de conformidad con las leyes del Estado de California que la información que he proporcionado en esta solicitud es verdadera y correcta.

X _____ / /

Firma Fecha de la firma Mes Día Año

California 州州務卿

政黨變更/地址變更

（選舉法規第 2119.5 節和第 2152 節）

此表格只可由目前已在其現居住縣登記投票的選民填寫。此表格旨在要求變更政黨歸屬和/或要求在同一縣之內變更地址。此表格只可在選舉前第 14 天直到選舉日的投票結束為止的時段內填寫。此表格必須親自交給郡縣選務人員辦公室、投票站或衛星辦公室。

名字 _____ 中間名 _____

姓氏 *（包括後綴，例如 Jr.、Sr.、III）* _____

出生日期 __ __ __ __ __ __ __ __
月 月 日 日 年 年 年 年

目前住址 _____ 公寓或房屋單位編號 _____

城市 _____ 所在州：**CA** 郵遞區號 _____

☐ **我想改變我的政黨歸屬。**

我想選擇政黨歸屬

☐ 美國獨立黨
☐ 民主黨
☐ 綠黨
☐ 自由論黨
☐ 和平自由黨
☐ 共和黨
☐ 其他 *（請說明）*：_____

我不想選擇政黨歸屬

☐ 無政黨/無

☐ **我想變更地址。我之前的地址是：**

地址 _____ 公寓或房屋單位編號 _____

城市 _____ 所在州：**CA** 郵遞區號 _____

我特此宣告在此申請表中提供的資訊為真實正確的，否則願接受 California 州法律的偽證罪懲罰。

X _____ / /

簽名 簽名日期 月 日 年

California राज्य के सचिव

राजनीतिक पार्टी का बदलना/पते में बदलाव

(चुनाव कोड § § 2119.5, 2152)

यह फॉर्म केवल वह मतदाता द्वारा पूरा किया जा सकता है जो वर्तमान में अपनी निवास की वर्तमान काउंटी में वोट करने के लिए पंजीकृत है। यह फॉर्म राजनीतिक पार्टी की पसंद को बदलने और/या उसी काउंटी के भीतर पते के परिवर्तन का अनुरोध करने के लिए है। यह फॉर्म केवल चुनाव से पहले चौदहवें दिन से चुनाव के दिन मतदान समाप्त नहीं हो जाता तब तक की समयावधि के दौरान पूरा किया जा सकता है। यह फॉर्म व्यक्तिगत रूप से काउंटी चुनाव अधिकारी के कार्यालय, मतदान स्थान या सेटेलाइट कार्यालय में प्रदान किया जाना चाहिए।

पहला नाम _____ मध्य नाम _____

उपनाम *(प्रत्यय, जैसे कि जूनियर, सीनियर, III समेत)* _____

जन्म की तारीख म म द द व व व व

वर्तमान निवास का पता _____ अपार्टमेंट या यूनिट नंबर _____

शहर _____ राज्य CA जिप _____

☐ **मैं अपनी राजनीतिक पार्टी की पसंदगी बदलना चाहता/चाहती हूं।**

मैं राजनीतिक पार्टी की पसंदगी चुनना चाहता/चाहती हूं

- ☐ अमेरिकन इंडिपेंडेंट पार्टी
- ☐ डेमोक्रेटिक पार्टी
- ☐ ग्रीन पार्टी
- ☐ लिबर्टेरियन पार्टी
- ☐ पीस एंड फ्रीडम पार्टी
- ☐ रिपब्लिकन पार्टी
- ☐ अन्य *(निर्दिष्ट करें)*: _____

मैं राजनीतिक पार्टी की पसंदगी नहीं चुनना चाहता/चाहती हूं

- ☐ कोई पार्टी नहीं / कोई नहीं

☐ **मैं अपना पता बदलना चाहता/चाहती हूं। मेरा पिछला पता था:**

पता _____ अपार्टमेंट या यूनिट नंबर _____

शहर _____ राज्य CA जिप _____

मैं California राज्य के कानूनों के अधीन झूठी गवाही के जुर्माने के तहत घोषणा करता/करती हूं कि मेरे द्वारा इस अनुरोध में प्रदान की गई जानकारी सत्य और सही है।

X _____ / /

हस्ताक्षर | हस्ताक्षर की तारीख | महिना | दिवस | वर्ष

California 州務長官

政党変更/住所変更

（選挙法規§§ 2119.5、2152）

この書類は現在、お住いの郡で投票するための登録が済んでいる有権者のみが記入してください。この用紙は支持政党の変更、同じ郡内における住所変更を要請するためのものです。また、この用紙は選挙日 14 日前から選挙日に投票所が閉まるまでの間のみに記入してください。この用紙は郡選挙担当官事務局、投票所、または出張所に本人が直接提出しなければなりません。

ファーストネーム　　ミドルネーム

ラストネーム（*ジュニア、シニア、III 世などの接尾辞を含む*）

生年月日　__ __　__ __　__ __ __ __
月 月　日 日　年 年 年 年

現住所　　アパートまたはユニット番号

市　　州 CA　ジップコード

☐ **私は支持政党の変更を希望します。**

私は支持政党の選択を希望します

☐ アメリカ独立党
☐ 民主党
☐ グリーン党（緑の党）
☐ 自由党
☐ 平和自由党
☐ 共和党
☐ その他（*具体的に明記してください*）：_____

私は支持政党の選択を希望しません

☐ 支持政党なし / 該当なし

☐ 私は住所変更を希望します。**私の旧住所は次の通りです。**

住所　　アパートまたはユニット番号

市　　州 CA　ジップコード

私は California 州法で偽証罪に問われることを承知で、この申込書に記載の情報は事実と相違ないことを証明します。

X　　/　　/

署名　　署名日　　月　　日　　年

រដ្ឋលេខាធិការរដ្ឋកាលីហ្វញ៉ា
ការផ្លាស់ប្តូរគណបក្សនយោបាយ/ ការផ្លាស់ប្តូរអាសយដ្ឋាន
(លេខកូដបោះឆ្នោត §§ 2119.5, 2152)

ទម្រង់បែបបទនេះអាចត្រូវបានបំពេញដោយអ្នកបោះឆ្នោតដែលបច្ចុប្បន្នត្រូវបានចុះឈ្មោះបោះឆ្នោតនៅក្នុងតំបន់រស់នៅបច្ចុប្បន្នរបស់គេតែប៉ុណ្ណោះ ។ ទម្រង់បែបបទនេះគឺប្រើដើម្បីស្នើសុំការផ្លាស់ប្តូរការគាំទ្រគណបក្សនយោបាយ និង/ឬប្រើដើម្បីស្នើសុំការផ្លាស់ប្តូរអាសយដ្ឋាននៅក្នុងតំបន់តែមួយ ។ ទម្រង់បែបបទនេះអាចត្រូវបានបំពេញអំឡុងពេលថ្ងៃទី 14 មុនការបោះឆ្នោតរហូតដល់រយៈពេលបិទការបោះឆ្នោតនៅថ្ងៃបោះឆ្នោត ។ ទម្រង់បែបបទនេះត្រូវតែផ្តល់ដោយផ្ទាល់ទៅការិយាល័យរបស់មន្ត្រីរៀបចំការបោះឆ្នោតក្នុងតំបន់ ទីតាំងបោះឆ្នោត ឬការិយាល័យរណប ។

នាមខ្លួន ____ ឈ្មោះកណ្តាល ____

នាមត្រកូល *(រួមទាំងបច្ច័យបទដូចជា Jr., Sr., III)* ____

ថ្ងៃខែឆ្នាំកំណើត __ __ ____
ខែ ថ្ងៃ ឆ្នាំ

អាសយដ្ឋានរស់នៅបច្ចុប្បន្ន ____ ផ្ទះលេខ # ____

ទីក្រុង ____ រដ្ឋ CA ____ ហ្ស៊ីប ____

☐ **ខ្ញុំចង់ផ្លាស់ប្តូរការគាំទ្រគណបក្សនយោបាយរបស់ខ្ញុំ ។**

ខ្ញុំចង់ជ្រើសរើសការគាំទ្រគណបក្សនយោបាយ

☐ គណបក្សឯករាជ្យអាមេរិក
☐ គណបក្សប្រជាធិបតេយ្យ
☐ គណបក្សបៃតង
☐ គណបក្សអ្នកសេរី
☐ គណបក្សសន្តិភាព និងសេរីភាព
☐ គណបក្សសាធារណរដ្ឋ
☐ ផ្សេងៗ *(សូមបញ្ជាក់)*៖ _____

ខ្ញុំមិនចង់ជ្រើសរើសការគាំទ្រគណបក្សនយោបាយទេ

☐ គ្មានគណបក្ស / គ្មាន

☐ **ខ្ញុំចង់ផ្លាស់ប្តូរអាសយដ្ឋានរបស់ខ្ញុំ ។ អាសយដ្ឋានពីមុនរបស់ខ្ញុំគឺ ៖**

អាសយដ្ឋាន ____ ផ្ទះលេខ # ____

ទីក្រុង ____ រដ្ឋ CA ____ ហ្ស៊ីប ____

ខ្ញុំសូមប្រកាសចំពោះទោសពិន័យនៃការឆ្លើយភូតភរក្រោមច្បាប់របស់រដ្ឋកាលីហ្វញ៉ាថាព័ត៌មានដែលខ្ញុំបានផ្តល់ជូននៅលើសំណើនេះគឺពិតប្រាកដ និងត្រឹមត្រូវ ។

X ____ / / ____

ហត្ថលេខា | កាលបរិច្ឆេទដែលចុះហត្ថលេខា | ខែ | ថ្ងៃ | ឆ្នាំ

California 주 총무처장관
정당 변경/주소 변경
(선거법 §§ 2119.5, 2152)

본 양식은 현재 거주하는 카운티에서 유권자로 등록되어 있는 유권자만이 작성할 수 있습니다. 이는 선호 정당 변경 요청 및/또는 같은 카운티 내 주소 변경 요청을 위한 양식입니다. 이 양식은 선거일로부터 14 일 이전부터 선거일 당시 투표소 운영이 종료될 때까지 기간에만 작성될 수 있습니다. 이 양식은 카운티 선거 공무원 사무소, 투표소 또는 위성 사무소에 직접 제출해야 합니다.

이름 _____ 중간 이름 _____

성 *(접미사 포함, 예를 들어, Jr., Sr., III)* _____

생년월일 __ __ / __ __ / __ __ __ __
월 월 일 일 년 년 년 년

현재 거주지 주소 _____ 아파트 또는 유닛 # _____

도시 _____ 주 **CA** 우편번호 _____

☐ **본인은 선호 정당을 변경하기를 원합니다.**

본인은 선호 정당을 선택하고자 합니다

☐ 미국 독립당
☐ 민주당
☐ 녹색당
☐ 자유주의당
☐ 평화자유당
☐ 공화당
☐ 기타 *(자세히 설명해주십시오)*: _____

본인은 선호 정당을 선택하기를 원치 않습니다

☐ 정당 없음 / 없음

☐ **본인은 주소를 변경하기를 원합니다. 본인의 이전 주소:**

주소 _____ 아파트 또는 유닛 # _____

도시 _____ 주 **CA** 우편번호 _____

본인은 California 주법 위증 처벌 원칙 아래 본 요청서에 제공된 정보가 사실이며 정확하다는 것을 이로써 선언합니다.

X _____ / / _____

서명 서명 날짜 월 일 년

Secretary of State ng California
PAGPALIT SA PARTIDONG PULITIKAL/PAGPALIT NG ADDRESS
(Code ng Eleksiyon §§ 2119.5, 2152)

Ang form na ito ay maaaring kumpletuhin lang ng botante na kasalukuyang nakarehistrong bumoto sa kasalukuyan nilang tirahang county. Ang form na ito ay para humiling ng pagpalit sa kagustuhan sa partidong pulitikal at/o humiling ng pagbabago sa address sa loob ng parehong county. Maaari lang kumpletuhin ang form na ito sa panahon ng oras ng ika-14 na araw bago ang halalan hanggang sa pagsasara ng botohan sa Araw ng Halalan. Personal dapat na ibigay ang form na ito sa opisina ng opisyal ng halalan ng county, lokasyon ng pagboto o satellite na tanggapan.

Unang pangalan _____ Gitnang pangalan _____

Apelyido *(kasama ang suffix, tulad ng Jr., Sr., III)* _____

Petsa ng kapanganakan __ __ __ __ __ __ __ __
M M D D Y Y Y Y

Kasalukuyang address ng tirahan _____ Apt o Unit # _____

Lungsod _____ Estado **CA** Zip _____

☐ **Gusto kong baguhin ang aking kagustuhan sa partidong pulitikal.**

Gusto kong pumili ng kagustuhan sa partidong pulitikal

☐ Partidong Amerikanong Independiyente
☐ Partidong Demokratiko
☐ Partidong Luntian
☐ Partidong Libertaryan
☐ Partidong Kapayapaan at Kalayaan
☐ Partidong Republikano
☐ Iba pa *(tukuyin)*: _____

Ayaw kong pumili ng kagustuhan sa partidong pulitikal

☐ Walang Partido / Wala

☐ **Gusto kong baguhin ang aking address. Ang dati kong address ay:**

Address _____ Apt o Unit # _____

Lungsod _____ Estado **CA** Zip _____

Dinedeklara ko sa ilalim ng parusa sa pagbibigay ng hindi totoong sinumpaang pahayag sa ilalim ng mga batas ng Estado ng California na ang impormasyong ibinigay ko sa kahilingang ito ay totoo at tumpak.

X _____ / /

Pirma | Petsa ng pagpirma | Buwan | Araw | Taon

เลขาธิการของรัฐ California
การเปลี่ยนพรรคการเมือง/การเปลี่ยนที่อยู่
(ประมวลกฎหมายว่าด้วยการเลือกตั้ง หมวด 2119.5, 2152)

แบบฟอร์มนี้สามารถกรอกได้โดยผู้ออกเสียงลงคะแนนที่ในปัจจุบันได้ขึ้นทะเบียนเพื่อลงคะแนนเสียงในมณฑลที่ตนอาศัยอยู่ในปัจจุบันเท่านั้นแบบฟอร์มนี้สำหรับใช้เพื่อขอเปลี่ยนพรรคการเมืองที่สนับสนุนและ/หรือขอเปลี่ยนแปลงที่อยู่ภายในมณฑลเดียวกัน สามารถกรอกแบบฟอร์มนี้ได้ในระหว่างช่วงเวลา 14 วันก่อนการเลือกตั้ง จนกระทั่งถึงเมื่อปิดรับการลงคะแนนในวันเลือกตั้ง ผู้ยื่นคำขอต้องยื่นแบบฟอร์มนี้ต่อสำนักงานของเจ้าหน้าที่เลือกตั้งในมณฑลสถานที่ลงคะแนนหรือสำนักงานเลือกตั้งย่อยในท้องถิ่นด้วยตัวเอง

ชื่อ _____ ชื่อกลาง _____

นามสกุล *(รวมถึงคำลงท้าย เช่น Jr., Sr., III)* _____

วันเดือนปีเกิด __ __ __ __ __ __ __ __
ด ด ว ว ป ป ป ป

ที่อยู่ในปัจจุบัน _____ อพาร์ตเมนต์หรือห้องเลขที่ _____

เมือง _____ รัฐ **CA** รหัสไปรษณีย์ _____

☐ **ข้าพเจ้าต้องการเปลี่ยนแปลงพรรคการเมืองที่ข้าพเจ้าสนับสนุน**

ข้าพเจ้าต้องการเลือกพรรคการเมืองที่สนับสนุน

☐ พรรคอเมริกันอินดิเพนเดนท์
☐ พรรคเดโมแครต
☐ พรรคกรีน
☐ พรรคลิเบอร์เทเรียน
☐ พรรคสันติภาพและเสรีภาพ
☐ พรรครีพับลิกัน
☐ อื่น ๆ *(โปรดระบุ)*: _____

ข้าพเจ้าไม่ต้องการเลือกพรรคการเมืองที่สนับสนุน

☐ ไม่มีพรรคการเมือง / ไม่มี

☐ **ข้าพเจ้าต้องการเปลี่ยนแปลงที่อยู่ของข้าพเจ้า ที่อยู่ก่อนหน้าของข้าพเจ้าคือ:**

ที่อยู่ _____ อพาร์ตเมนต์หรือห้องเลขที่ _____

เมือง _____ รัฐ **CA** รหัสไปรษณีย์ _____

ข้าพเจ้าขอประกาศภายใต้บทลงโทษในการให้การเท็จตามกฎหมายของรัฐCaliforniaว่าข้อมูลที่ข้าพเจ้าให้ไว้ในคำขอนี้เป็นความจริงและถูกต้องทุกประการ

X _____ / /

ลงชื่อ วันที่ลงชื่อ เดือน วัน ปี

Ngoại Trưởng Tiểu Bang California
THAY ĐỔI CHÍNH ĐẢNG/THAY ĐỔI ĐỊA CHỈ
(Bộ Luật Bầu Cử §§ 2119.5, 2152)

Biểu mẫu này chỉ có thể được điền bởi cử tri nào hiện đã được ghi danh bỏ phiếu ở quận cư trú hiện tại của họ. Mẫu này nhằm để yêu cầu thay đổi ưu tiên chính đảng và/hoặc để yêu cầu thay đổi địa chỉ trong cùng một quận. Chỉ có thể điền biểu mẫu này trong khoảng thời gian 14 ngày trước khi cuộc bầu cử bắt đầu cho tới khi phòng phiếu đóng cửa vào Ngày Bầu Cử. Biểu mẫu này phải được cung cấp trực tiếp cho văn phòng của viên chức bầu cử quận, địa điểm bỏ phiếu, hoặc văn phòng vệ tinh.

Tên _____ Tên đệm _____

Họ *(bao gồm tước hiệu, như Jr., Sr., III)* _____

Ngày sinh __ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

Địa chỉ cư trú hiện tại _____ Căn hộ hoặc nhà số _____

Thành phố _____ Tiểu bang **CA** Mã Zip _____

☐ **Tôi muốn đổi ưu tiên chính đảng của tôi.**

Tôi muốn chọn ưu tiên chính đảng của tôi

☐ Đảng Người Mỹ Độc Lập
☐ Đảng Dân Chủ
☐ Đảng Xanh
☐ Đảng Tự Do
☐ Đảng Hòa Bình và Tự Do
☐ Đảng Cộng Hòa
☐ Khác *(nêu rõ)*: _____

Tôi không muốn chọn ưu tiên chính đảng

☐ Không Đảng nào / Không có

☐ **Tôi muốn đổi địa chỉ của tôi. Địa chỉ trước đó của tôi là:**

Địa chỉ _____ Căn hộ hoặc nhà số _____

Thành phố _____ Tiểu bang **CA** Mã Zip _____

Tôi cam đoan rằng những thông tin tôi đã cung cấp trong yêu cầu này là đúng sự thật và chính xác và tôi xin chịu trách nhiệm theo luật của Tiểu Bang California nếu có khai man.

X _____ / / _____

Chữ ký Ngày ký Tháng Ngày Năm