



CITY OF PHILADELPHIA
OFFICE OF THE CITY COMMISSIONERS
COUNTY BOARD OF ELECTIONS
CITY HALL ROOM 142
PHILADELPHIA, PA 19107

COUNTY BOARD OF ELECTIONS
215-686-3469

BALLOT NAME CHANGE REQUEST AFFIDAVIT

WHEREAS, I have continuously and routinely transacted business and social affairs in the name listed below, and

WHEREAS, I am widely known in the community and by the electorate under the name listed below, and

WHEREAS, refusal to place the name listed below on the upcoming Election Ballot will confuse the voters to the extent that their right to vote for the candidate of their choice will be diminished; now,

THEREFORE, I hereby request my name to be printed upon the upcoming Election Ballot as

(Please Print Name as it is to appear on ballot)

Sworn to and subscribed before me this

_____ day of _____, 20__.

Signature

Official Title

My Commission Expires:

Signature of Candidate

Office District

Street Address

Post Office/Zip Code