

Jackson County, Kansas

CHANGE OF PARTY AFFILIATION

Date _____

I, _____, residing at

(Full name)

_____, wish to

(Street or R.R.)

(City)

change my party affiliation from the _____ party to the
_____ party.

(Signature)

Precinct _____ Ward _____ City/Township _____

(Authorized by 25-3304 (b))

(Cut here)

If you would like to change your party affiliation, please fill out the above statement. After you have finished filling it out, you will need to print and sign the paper. To successfully change your affiliation the County Clerk's office will need this statement signed. You may mail, fax, or email the scanned version of the statement to the County Clerk's office.

Address:
Jackson County Clerk's Office
400 New York, Room 201
Holton, KS 66436

Fax:
1-785-364-4204

Email:
jacountyclerk@yahoo.com

If you are in need of changing your address please return to the Clerk's home page to find the "Voter Registration Application" form and indicate the address change as needed.