



COUNTY OF NORTHAMPTON

DEPARTMENT OF ADMINISTRATION COUNTY BOARD OF ELECTIONS

669 Washington St.
Easton, Pennsylvania 18042
Phone (610) 829-6260
Fax (610) 559-3736

AFFIDAVIT FOR PRIMARY BALLOT NAME CHANGE REQUEST

I, _____, candidate for _____,
(Please Print Full Name) (Please Print Office and District)

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 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 2021 Primary Ballot as:

(Please Print Name)

Sworn to and subscribed before

me this _____ day

of _____, 2021

Signature

Official Title

My Commission Expires:

Signature of Candidate

Office

District

Street Address

Post Office

Zip Code