AFFIDAVIT OF IDENTITY AND RECEIPT OF FILING

OFFICE USE ONLY Received by No. of Petition Sheets or Receipt No	Office Code Date of Filing CFR I.D. No	
I. CANDIDATE IDENTIFICATION Name(Last) (First) Have you changed your name within the last 10 years for reason	Birth date / / (Middle) (Month) (Day) other than marriage? Yes No	(Year)
If yes, enter full former name here (See "Section A" on reverse) I WISH TO HAVE MY NAME APPEAR ON THE BALLOT	S PRINTED BELOW (Nicknames/titles not permitted. See "Section B" or	
Mailing Address (See "Section C" on reverse) Phone ()	Precinct # (required) and Ward # (If any) County for years. Resident of Michigan for be a United States citizen to seek office.)	