



Change of Address

This form cannot be used if your county of residence has changed. You must register in your new county.

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|--|---|--------------------|--|
| REGISTRATION NUMBER | BIRTHDATE: Month Day Year | | |
| NAME (as registered) | Last | First | MI Suffix (Jr, Sr, etc.) |
| NAME CHANGE | Last | First | MI Suffix (Jr, Sr, etc.) |
| OLD ADDRESS | Street | | |
| | City | State | Zip Code |
| NEW ADDRESS | Street | Inside City Limits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | City | State | Zip Code |
| MAIL ADDRESS (if different from above) | Street or PO Box | | |
| | City | State | Zip Code |
| PHONE | Home | Work | Social Security Number |

- I hereby authorize the county board of voter registration to make the above changes.
- I request the county board of voter registration to mail me a DUPLICATE voter registration certificate.

Signature of Voter _____ Date _____