



Change of Address

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

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 _____