



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 _____