

NOTE: 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					
	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 _____