

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

<b>REGISTRATION NUMBER</b>	<b>BIRTHDATE:</b>			Month	Day	Year
<b>NAME</b> (as registered)	Last	First	MI	Suffix (Jr, Sr, etc.)		
<b>NAME CHANGE</b>	Last	First	MI	Suffix (Jr, Sr, etc.)		
<b>OLD ADDRESS</b>	Street					
	City		State	Zip Code		
<b>NEW ADDRESS</b>	Street					
	City		State	Zip Code		
<b>MAIL ADDRESS</b> (if different from above)	Street or PO Box					
	City		State	Zip Code		
<b>PHONE</b>	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 \_\_\_\_\_