

Voter Registration Change Form

Person Requesting Change:

Name _____ Last 4 Digits of SS # _____

Date of Birth: _____ Age: _____ Phone: _____

Address: _____

Change(s):

Name Change From: _____

Name Change To: _____

Address Change:

Previous: _____

Current: _____

Cancellation of Voter Registration: _____

Incorrect District/Precinct: _____ Change to: _____

Death:

Name of Deceased: _____

Address of Deceased: _____

Other Change Request: _____

Signature: _____ **Date:** _____

Deputy Registrar Signature: _____ **Date:** _____