

NAME AND ADDRESS CHANGE FORM

Election Worker Use Only

Name _____

Voter ID # _____

- Address Change
- Name Change
- Deceased

REGISTERED
NAME

_____ Last First MI

NEW
NAME

_____ Last First MI

REGISTERED
ADDRESS

_____ House Number Street Apt City Zip Code

NEW
ADDRESS

_____ House Number Street Apt City Zip Code

_____ Social Security Number

_____ Date of Birth (m-d-yyyy)

_____ Home Telephone

_____ Date of Move

_____ Present Date

_____ Work Telephone

VERIFICATION OF DECEASED BY FAMILY MEMBER _____ /Relationship _____

SIGNATURE OF VOTER: _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

Jackson County Election Board, P.O. Box 296, Independence, Missouri 64051 OR FAX (816) 325-4609