

VOTER REGISTRATION CHANGE OF ADDRESS FORM

NAME _____ **BIRTHDATE (mm/dd/yyyy)** _____

SOCIAL SECURITY # (LAST 4 DIGITS) _____

This is to certify that I have changed my address from:

(Street Address) (City) (Zip Code)

I now reside at:

(Street Address) (City) (Zip Code)

IF YOU HAVE A SEPARATE MAILING ADDRESS COMPLETE THIS SECTION

(P.O. Box or Street Address) (City) (Zip Code)

(Date Moved to Present Location)

(Phone)

(Voter's Signature)

(Today's Date)

**PLEASE RETURN THE COMPLETED FORM TO: KANE COUNTY CLERK
719 S BATAVIA AVE
GENEVA, IL 60134**