

ADDRESS & NAME CHANGE FORM

PLEASE PRINT CLEARLY

NAME _____

SOCIAL SECURITY # (last 4 digits) _____

DRIVERS LICENSE# _____

DATE OF BIRTH _____

NEW ADDRESS _____

OLD ADDRESS _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE

PHONE _____

DATE MOVED _____

SIGNATURE _____

DATE _____

FORM MUST BE FILLED OUT COMPLETELY

FOR OFFICE USE ONLY

PRECINCT: FROM _____ TO _____ JUSTICE COURT _____

REPRESENTATIVE _____ SCHOOL: FROM _____ TO _____

SENATE _____ SUPERVISOR _____