



SC Voter's Change of Address

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

REGISTRATION NUMBER	BIRTHDATE: Month		Day	Year
NAME (as registered)	Last	First	MI	Suffix (Jr, Sr, etc.)
NAME CHANGE	Last	First	MI	Suffix (Jr, Sr, etc.)
OLD ADDRESS	Street		City	State
			Zip Code	
NEW ADDRESS	Street		City	State
			Zip Code	Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
MAIL ADDRESS (if different from above)	Street or PO Box		City	State
			Zip Code	
PHONE	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 _____