

STATE OF SOUTH CAROLINA VOTER'S CHANGE OF ADDRESS FORM

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

REGISTRATION NUMBER		BIRTH DATE	
		- 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		Zip Code
	City		Inside City Limits
	State _____, Street (including apartment number)		Yes No
NEW ADDRESS	city	state	Zip Code
MAIL ADDRESS (if different from above)	Street or Post Office Box		Zip Code
	city	,State	Zip Code
PHONE	Home	Work	SOCIAL SECURITY #

I hereby authorize the county board of voter registration to make the above change(s).

I hereby request the county board of voter registration to mail me a DUPLICATE voter registration certificate.

Signature of Voter

Date