

# **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

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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 \_\_\_\_\_