APPLICATION FOR TRANSFER OF VOTER REGISTRATION

NAME					
First		MI	Last		
REGISTERED ADDRESS					
	House Number	Street	Apt/Box	City	Zip
NEW ADDRESS					
The second secon	House Number	Street	Apt/Box	City	Zip
Social Security Number	Date of Birth			Home Telephone	
Date of Move	Present Date		and the state of t	Work Telephone	
SIGNATURE					

JACKSON COUNTY BOARD OF ELECTION COMMISSIONERS

Independence Square Courthouse

P.O. Box 296

Independence, Missouri 64051