

APPLICATION FOR TRANSFER OF REGISTRATION

(To be filed by a voter who has changed his/her address from one place in the State of Missouri to another, including a change of address within the same county)

Date: _____

I, the undersigned, having changed my address from the one at which I am now registered, do hereby apply for a change in my voter registration.

Name: _____

Last

First

Middle Name or Initial

Address at which now registered: _____

Precinct: _____ Ward: _____

City or Township: _____

New Address: _____

Precinct: _____ Ward: _____

City or Township: _____

County: _____

Date of Birth: _____

Telephone Number: _____

Signature of Voter

Signature of Election Official Receiving Application

Title