

VOTER CHANGE OF ADDRESS

DATE _____

Name _____

Last

First

Middle

Old Address:

Street Name and No.

City

State

Zip Code

New Address:

Street Name and No.

City

State

Zip Code

Date of Birth: _____

Last 4 Digits of SSN: _____

DL Number: _____

By typing your name below, you are signing this voter change of address form electronically.

Signature: _____



Please Email request to: lafayette@sos.mo.gov or Fax to: 660-259-6109

Questions? Please contact Lafayette County Clerk at 660-259-4315