

# 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

PO Box # if applicable: \_\_\_\_\_

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](mailto:lafayette@sos.mo.gov) or Fax to: 660-259-6109

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