

# STATE OF SOUTH CAROLINA VOTER'S CHANGE OF ADDRESS FORM

This form cannot be used if your county of residence has changed. You must register in your new county.

<b>REGISTRATION NUMBER</b>			<b>BIRTH DATE</b>	MONTH	DAY	YEAR
<b>NAME</b> (as registered)	Last	First	MI	Suffix (Jr, Sr, etc.)		
<b>NAME CHANGE</b>	Last	First	MI	Suffix (Jr, Sr, etc.)		
<b>OLD ADDRESS</b>	Street					
	City			State	Zip Code	
<b>NEW ADDRESS</b>	Street (including apartment number)					Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
	City			State	Zip Code	
<b>MAIL ADDRESS</b> (if different from above)	Street or Post Office Box					
	City			State	Zip Code	
<b>PHONE</b>	Home	Work	<b>SOCIAL SECURITY #</b>			

- I hereby authorize the county board of voter registration to make the above change(s).
- I hereby request the county board of voter registration to mail me a DUPLICATE voter registration certificate.

Signature of Voter \_\_\_\_\_ Date \_\_\_\_\_