

**STATE OF SOUTH CAROLINA
COUNTY OF GEORGETOWN
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.

REGISTRATION NUMBER		BIRTH DATE	Month	Day	Year
NAME (as registered)	Last	First	MI	Suffix (Jr, Sr, etc.)	
NAME CHANGE	Last	First	MI	Suffix (Jr, Sr, etc.)	
OLD ADDRESS	Street				
	City			SC	Zip
NEW ADDRESS	Street				
	City			SC	Zip
MAIL ADDRESS (if different from above)	Street				
	City			SC	Zip
PHONE	Home	Work	SOCIAL SECURITY #		

- 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: _____

OFFICE USE ONLY

PRECINCT NAME: _____

CITY	MAIL CITY	MAIL CO	Township	PRECINCT	HOUSE	SENATE	CO COUNCIL	SCHOOL	CITY	CONGR	Watershed	MISC
			/								/	/

DATE OF CHANGE: _____

REASON: _____

WAS NEW CARD ISSUED? _____

CHANGE DONE BY: _____