

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

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

REGISTRATION NUMBER		BIRTHDATE	Month	Day	Year
NAME (as registered)	Last	First	MI	Suffix	
NAME CHANGE	Last	First	MI	Suffix	
OLD ADDRESS	Street				
	City		State	Zip Code	
NEW ADDRESS	Street (including apartment number)				Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
	City		State	Zip Code	
NEW MAIL ADDRESS (if different from above)	Street or Post Office Box				
	City		State	Zip Code	
PHONE	Home	Work	SOCIAL SECURITY NUMBER		-   -

I hereby authorize the county board of voter registration to make the above change (s) and/or transfer my registration to my new precinct.

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