

VOTER REGISTRATION NAME CHANGE FORM

(Please print your full name as legibly as possible)

Previous Name:

First Name _____

Last Name _____

Please Change To:

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone # _____

Last 4 Digits of your Social Security Number _____ Date _____

Signature _____

**PLEASE RETURN TO THE OFFICE OF THE COUNTY CLERK
411 JULES STREET
ROOM 121
ST. JOSEPH, MO. 64501-1729
816-271-1412**