

Fill in all blanks on-line *EXCEPT* for voter's signature. Print out, *SIGN* and then send back to our office at the address below. Please call (217) 753-8683 if you have any questions or are having difficulty.

DON GRAY

Sangamon County Clerk
Sangamon County Election Office
200 S. Ninth St., Room 105
Springfield, Illinois 62701
Phone: 753-8683

www.countyclerk.sangamonil.gov

Application for Transfer of Registration

I, _____ hereby make application for change of my
(Full Name of Voter)
residence address this _____ day of _____, 20____.
(Date) (Month) (Year)

FROM:

TO:

(Previous Street Address)

(New Street Address)

(City)

(Zip)

(City)

(Zip)

Email address: _____
(optional, for notification purposes only)

Date Moved: _____, 20____
(Voter's Signature)

(Daytime Phone Number)

(Date of Birth)

(Drivers License Number or last four digits of Social Security Number)

- Check here if you are currently an Election Judge or Elected Official.
 Check here if you are interested in serving as an Election Judge.
Party affiliation (please check one) Republican Democratic