

APPLICATION FOR TRANSFER OF REGISTRATION

l,	, hereby make application for change of my
residence address this day of	, 20
FROM:	TO:
Email address:	
Date Moved:	, 20
v	oter's Signature
(Daytime Phone Number) (Date of Birth)	(Driver's License Number of last 4 of SSN)
 □ Check here if you are currently an Elect □ Check here if you are interested in service □ Party Affiliation (please check on the control of the c	ving as an Election Judge.
•	to Menard County Clerk & Recorder et, Petersburg, IL 62675