REQUEST FOR VOTER REGISTRATION CHANGE WITHIN MADISON COUNTY, MISSISSIPPI

TO BE COMPLETED BY VOTER AND RETURNED TO:

MADISON COUNTY CIRCUIT CLERK 128 W NORTH STREET P.O. BOX 1626 CANTON, MS 39046 (601) 859-4365

PLEASE PRINT OR TYPE: (Enter only the information that has changed)

OLD INFORMATIC	DN:	ľ	NEW INFO	ORMATIO	N:
NAME:					
PHY. ADDRESS:					
MAILING:					
CITY:					
ZIP:					
LAST 4 DIGITS OF	S.S #				
BIRTH DATE:					
I HEREBY AUTHORI VOTER RECORD.	ZE THE CIRCUIT C SIGNATURE:	_			
Would you like to s	serve as an Electio	on Day poll w	vorker?	Yes □	No □
If your mailing address move your registration			ed the phys	ical address	also to enable us to
		Since	rely,		

Anita Wray Circuit Clerk