



CHANGE OF ADDRESS

_____	_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME	Jr. Sr.
DOB: _____	SSN: _____	Enrollment # _____	
Phone # _____	Cell # _____	Message # _____	

Mailing Address:	Physical Address: (If different than mailing)
_____	_____
Mailing Address	Physical Address
_____	_____
City State Zip Code	City State Zip Code

Please list all **MINOR ENROLLED CHILDREN** who will also need their address updated:

_____	_____	_____
(Child's Full Name)	(Date of Birth)	(SSN)
_____	_____	_____
(Child's Full Name)	(Date of Birth)	(SSN)
_____	_____	_____
(Child's Full Name)	(Date of Birth)	(SSN)
_____	_____	_____
(Child's Full Name)	(Date of Birth)	(SSN)

- PLEASE NOTE:**
- Every enrolled member over the age of 18 must sign their own change of address form.
 - Address changes cannot be updated until the Enrollment Department receives a completed, signed and dated change of address form along with a copy of a valid photo ID.
 - The Enrollment Department will forward your address change to the Election Commission.

SIGNATURE: _____ **DATE:** _____

***** A COPY OF YOUR PHOTO ID MUST BE SUBMITTED WITH ADDRESS CHANGE *****

FOR OFFICE USE ONLY	
Date Entered: _____/_____/_____	Staff Initials: _____