



# APPLICATION FOR TRANSFER OF REGISTRATION

I, \_\_\_\_\_, hereby make application for change of my residence address this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email address: \_\_\_\_\_

Date Moved: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Voter's Signature

\_\_\_\_\_  
 (Daytime Phone Number)    (Date of Birth)    (Driver's License Number of last 4 of SSN)

- 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)

- Republication
- Democrat

Please mail the completed form to Cass County Clerk & Recorder  
 100 E. Springfield St. PO Box 167 Virginia, IL 62691

---

If you have any questions, please call Cass County Clerk's Office at 217-452-2277 \*4