

**CHRISTIAN COUNTY, MISSOURI**

**VOTER INFORMATION CHANGE FORM**

PHONE NUMBER: (417) 582-4340 FAX NUMBER: (417) 581-8331  
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SS# (last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Last Name	First Name	Middle
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Former Name: \_\_\_\_\_

New Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Printed Name of Voter	Date
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Signature of Voter	Date
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