

REP. DIST. _____	SUP. DIST. _____
SEN. DIST. _____	PRECINCT _____
JCJ DIST. _____	VOTING PLACE _____
SCHOOL DIST. _____	WARD _____
FED. HOUSE _____	VOTING PLACE _____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

VOTER REGISTRATION CHANGE FORM

OKTIBBEHA COUNTY, MISSISSIPPI - ANGIE MCGINNIS, REGISTRAR/CIRCUIT CLERK

SS# _____

PERSON REQUESTING CHANGE:

Name _____ Day Time Telephone No. _____
 Resident Address: _____
 Mailing Address (if different from above) _____

CHANGE REQUESTED : (Check and fill in changes(s) you want made.)

1. () **NAME CHANGE:**

Original Name _____
 Change Name to _____

2. () **ADDRESS CHANGE:**

a. Last Resident Address _____
 Last Mailing Address _____
 b. Current Resident Address _____
 Current Mailing Address _____

3. () **CANCELLATION**

Moved To _____ Date _____

4. () **WRONG DISTRICT(S):**

() Supervisor - Change from _____ to _____	() School - from _____ to _____
() Justice Court Judge - Change from _____ to _____	() Ward - from _____ to _____
() House of Rep. - Change from _____	() Precinct - from _____ to _____
() Senate - Change from _____ to _____	

5. () **SPELLING:**

Original Spelling _____
 Correct Spelling _____

6. () **DEATH: (To be filled in by Registrar or Election Commission.)**

NAME _____ DEATH DATE _____

7. () **OTHER CHANGE REQUESTED: (Specify)**

SIGNATURE: _____ DATE _____

INFORMATION PROVIDED BY: _____

Registrar

Deputy Registrar