Champaign County Change of Address

At a minimum fill out all the fields marked with an asterisk (*)

Voter ID:

Name*	1	_____ _____ _____ _____ *Last Name *First Name Middle Name Suffix
Contact Info*	2	Email Address: Phone number: ( )
Identification*	3	Birth Date: _____ - _____ - _____ Last 4 Digits of Social Security #: ____ ____ ____ ____ MM DD YYYY
Previous Address	4	_____ _____ _____ _____ Address or P.O. Box City or Town State Zip Code
New Address Where You Live*	5	_____ _____ _____ ___ _____ Address (no P.O. Boxes) Unit # & Residence Hall City or Town State Zip Code
Address Where You Receive Mail	6	☐ Same as above. _____ _____ _____ _____ Address or P.O. Box City or Town State Zip Code
Sign Here*	8	By signing below, I swear or affirm that I am the person named above, that the above information is true, that I am a Citizen of the United States, that I will be 18 years old on or before the next election, or the next General or Consolidated Election, that I have lived in the State of Illinois and in my election precinct 30 days as of the date of the next election. I understand that if it is not true, I may be fined, imprisoned, or if I am not a U.S. Citizen, deported from or refused entry into the United States. _____ _____ Sign Your Name or Place Your Mark Here Date