

# VOTER REGISTRATION APPLICATION FOR TRANSFER

(Please print as legibly as possible)

Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Last First Middle Initial

Previous Address \_\_\_\_\_  
House # Street Name Apt #

Present Address \_\_\_\_\_  
House # Street Name Apt #

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE RETURN TO THE OFFICE OF THE COUNTY CLERK  
411 JULES STREET  
ROOM 121  
ST. JOSEPH, MO. 64501-1729  
816-271-1412**