

Fill in all blanks on-line *EXCEPT* for voter's signature. Print out, *SIGN* and then send back to our office at the address below. Please call (217) 753-6740 if you have any questions or are having difficulty.

**JOE AIELLO**

Sangamon County Clerk  
Sangamon County Election Office  
200 S. Ninth St., Room 105  
Springfield, Illinois 62701  
Phone: 753-6740  
[www.sangamoncountyclerk.com](http://www.sangamoncountyclerk.com)

**Application for Transfer of Registration**

I, \_\_\_\_\_ hereby make application for change of my  
(Full Name of Voter)

residence address this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(Date) (Month) (Year)

**FROM:**

**TO:**

\_\_\_\_\_  
(Previous Street Address)

\_\_\_\_\_  
(New Street Address)

\_\_\_\_\_  
(City) (Zip)

\_\_\_\_\_  
(City) (Zip)

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

\_\_\_\_\_  
(Voter's Signature)

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Drivers License Number or last four digits of Social Security Number)

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)      Republican      Democratic