

This form cannot be used if your county of residence has changed. You must register in your new county.

REGISTRATION NUMBER <b>6 735 909</b>	BIRTHDATE: Month <b>02</b>	Day <b>04</b>	Year <b>1984</b>
NAME (as registered) Last <b>Brown</b>	First <b>Jason</b>	MI <b>G.</b>	Suffix (Jr, Sr, etc.)
NAME CHANGE Last	First	MI	Suffix (Jr, Sr, etc.)
OLD ADDRESS Street	212 Bramble Road		
City	Elgin	State	<b>SC</b>
NEW ADDRESS Street	2726 Preston Street		
City	Columbia	State	<b>SC</b>
MAIL ADDRESS (if different from above)	Street or PO Box	Zip Code	<b>29045</b>
City	State	Zip Code	<b>29205</b>
PHONE	Home <b>202 270 7257</b>	Work <b>803 734 7215</b>	Social Security Number <b>249570235</b>

I hereby authorize the county board of voter registration to make the above changes.

I request the county board of voter registration to mail me a DUPLICATE voter registration certificate.



Signature of Voter

**05.01.14**



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NAME CHANGE Last	First	MI	Suffix (Jr, Sr, etc.)
OLD ADDRESS Street	212 Bramble Road		
City <b>Elgin</b>	State <b>SC</b>	Zip Code <b>29045</b>	Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NEW ADDRESS Street	2726 Preston Street		
City <b>Columbia</b>	State <b>SC</b>	Zip Code <b>29205</b>	
MAIL ADDRESS (if different from above)	Street or PO Box	City	State
PHONE <b>202 270 7257</b>	Home <b>803 734 7215</b>	Work <b>2495 702 35</b>	Social Security Number <b>2495 702 35</b>

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