

I HEREBY AUTHORIZE THE CANCELLATION OF MY PREVIOUS REGISTRATION
MY LAST REGISTRATION WAS:

PRINT FULL NAME

Jefferson County, IL

NAME OF FORMER COUNTY

FORMER PHYSICAL ADDRESS: (DO NOT GIVE RURAL RT. OR P.O. BOX NUMBER)

CITY, STATE, ZIP

DATE OF BIRTH

I am now registered in _____

SIGNATURE OF VOTER

DATE

Return to:

Connie Simmons
Jefferson Co. Clerk & Recorder
100 South 10th St., Room 105
Mt. Vernon, IL 62864