

PLEASE RETURN FORM TO:
KRYSTLE RANSOM – DIRECTOR OF ELECTIONS
WARREN COUNTY COURTHOUSE
204 FOURTH AVENUE
WARREN, PA 16365

VOTER INFORMATION CHANGE FORM

PLEASE PRINT LEGIBLY

DATE: _____

VOTER NAME: _____

DATE OF BIRTH: _____

POLITICAL PARTY CHANGE TO: _____

OLD ADDRESS: _____

PLEASE USE PHYSICAL ADDRESS **INCLUDE PO BOX IN ADDITION TO PHYSICAL RESIDENCY

NEW ADDRESS: _____

NAME CHANGE TO: _____

VOTER SIGNATURE: _____

REVISED FEB/2022