

**WARREN COUNTY ELECTION COMMISSION**  
**P.O. Box 351**  
**Vicksburg, MS 39181**

**VOTER INFORMATION CHANGE FORM**

Please assist us in updating our records by completing this form and mailing it to the above address.

You may also bring it to the Circuit Clerk's Office, Warren County Courthouse, 2<sup>nd</sup> Floor

**OLD INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

I hereby authorize the above changes to be made to my voter record for Warren County.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NEW INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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For Office Use Only:

Voter ID # \_\_\_\_\_

Date \_\_\_\_\_