



Registrar of Voters

CHANGE OF ADDRESS FORM

(Elections Code sections 2116, 2119)

This form may only be completed by a voter who is currently registered to vote in San Bernardino County and is requesting a change of address within this county. An asterisk (*) indicates required information.

LEGAL NAME

*First name _____ Middle name _____

*Last name (including suffix, such as Jr., Sr., III) _____

*Date of birth
 M M D D Y Y Y Y

*Current residence address _____ Apt or Unit # _____

*City _____ State CA *Zip _____

Current mailing address _____ Apt or Unit # _____

City _____ State _____ Zip _____

My previous residence address was:

*Address _____ Apt or Unit # _____

*City _____ State CA *Zip _____

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and correct.

X / /

*Signature

*Date signed

Month

Day

Year

Return the completed and signed form to the Registrar of Voters:

- By mail to: Registrar of Voters, 777 E. Rialto Avenue, San Bernardino, CA 92415-0770
- By email: VoterRegistrations@rov.sbcounty.gov
- By fax: (909) 387-2022