RICHARD H. KELLETT Chairman

TRUDI MCCOLLUM FOUSHEE Commissioner



JOHN W. MAUPIN Secretary

vacant Commissioner

RICK STREAM
Director of Elections

ERIC FEY
Director of Elections

Verification of Moved out of St Louis County/Deceased Voter

Mail to: 725 Northwest Plaza Dr. • St. Ann, MO 63074 • PH 314/615-1800 • FAX 314/615-1999

NOTE: You may also leave this form at any polling place on Election Day.

I, THE UNDE	RSIGNED, DO HER	EBY VERIFY	THAT THE FOLI	LOWING REGISTER	RED VOTER
□ MOVED F	ROM ST. LOUIS CO	OUNTY AS OF	<u> </u>		
OR				(DATE)	
□ IS DECEA	SED AS OF				
				(DATE)	
AND THAT T	HE FOLLOWING IN	FORMATION	IS CORRECT.		
		<u>PL</u>	EASE PRINT		
TRANSFERF	RED/DECEASED VO	OTER'S NAME	Ē:		
(FIRST)			(MIDDLE INITIAL)	(LAS	T)
ADDRESS _					
	(NUMBER)		(STREET)		
-	(CITY)			(ZIF	CODE)
DATE OF BIRTH				LAST 4 DIGITS OF	SS#
	(MONTH)	(DAY)	(YEAR)	(IF KNOWN)	·
MY RELATIO	ONSHIP TO TRANS	FERRED/DEC	EASED VOTER		
PRINT NAME	Ε				
SIGNATURE	i			D <i>A</i>	ATE
PHONE NUM	/IRFR				