KANSAS DEPARTMENT OF REVENUE DIVISION OF VEHICLES

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Date	

	DL No. #		Date
If changing Vot	er Registration last 4 digits of SS#		(Required by Lour)
Date of Birth	Days	Daytime Phone	
Name			
	ess (not P.O. Box)		
City	County	State	Zip
Mailing Address	(if different)		
City	County	State	Zip
Name used at las	st voting residence (if different)		
Last voting resid	lence address		
County of last v	oting residence (if different)		
NOT VALII	UNLESS SIGNED Signed	gnature as it appears	on your driver's license
FORM DC-1 (Rev. 2/02)	This form will result in a change of ad- for voter registration unless you check		K.S. A. 25-2351