



VOTER TRANSFER/CONFIRMATION FORM

MCA 13-2-220.

Please Check One:

- Reactivate My Registration**
- Make the Following Change to My Registration**
- Cancel My Registration**

RETURN THIS FORM TO:
Madison County Election Administrator
Mailing: PO Box 366, Virginia City, MT 59755
Email: clerkandrecorder@madisoncountymt.gov
Fax: 406-843-5264
Ph: 406-843-4270

Current or New Information [Please print & fill out COMPLETELY]

** Required Fields*

***Name:** _____ ***Date of Birth:** _____

If changing name please provide **Former Name:** _____

Check the box if residential & mailing addresses are the same.

***RESIDENTIAL ADDRESS:** _____
Street Address City State Zip

MAILING ADDRESS: _____
Mailing Address City State Zip

***VOTER'S SIGNATURE:** _____ ***Date:** _____

***IDENTIFICATION: MT DRIVER'S LICENSE #:** _____ **OR Last 4 Digits of SS#:** _____

***Phone Number:** _____

_____ **Please mark me as an absentee voter** _____ **Please take me off of the absentee voter list**