

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
Box 12021 Topeka, Kansas 66612-2021
CHANGE OF ADDRESS (Please Print)**

Today's
Date _____

Driver's License No. _____ Social Security No. _____
(Optional)

Date of Birth _____ Daytime Phone _____

Name _____

Residence Address (not P.O. Box) _____

City _____ County _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ County _____ State _____ Zip _____

Name used at last voting residence (if different) _____

Last voting residence address _____

County of last voting residence (if different) _____

NOT VALID UNLESS SIGNED _____

Signature as it appears on your driver's license

FORM DC-1
(Rev. 5/94)

This form will result in a change of address
for voter registration *unless* you check here. See K.S.A. 25-2351