KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
Box 12021 Topeka, Kansas 66612-2021
DL No. #_____

Today's Date_____

If changing Voter Registration last 4 digits of SS# _____
(Required by Law)

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. 2/02)

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