

CERTIFICATE OF LEGAL RESIDENCE
(Domicile)

This certificate must be filed by person claiming exemption from taxation in the State of Virginia under the Soldiers' and Sailors' Civil Relief Act.

Name: _____

Serial Number: _____ Rank: _____

Branch of Service _____

A legal address: _____

State and City _____ Zip code: _____

My Home of Record when entering the military:

State: _____

CHANGING HOME OF RECORD/LEGAL RESIDENT

I changed my domicile/legal resident to the State of

_____.

Month, Day and Year of the change: ____, ____, ____

My state income tax is paid to the State of

I am a registered voter in that State: Yes ___ or No ____

I have not registered to vote at any other place. Yes ____ or No ____



Sign Here: _____

The foregoing instrument was acknowledged before me this _____ day of

_____, _____.

Signature of Officer Administering Oath: _____.

Please mail to :

Commissioner of the Revenue

Nancy J. Horn

P O Box 20409

Roanoke, Virginia 24018

or Fax: 540-772-2015

