

**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  
P. Jason Peters  
P O Box 20409  
Roanoke, Virginia 24018

**or Fax: 540-772-2015**