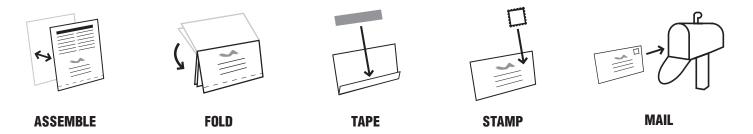
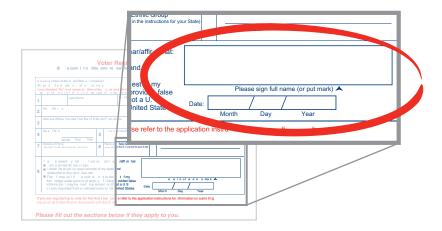
## **ALMOST FINISHED.**

Now, just follow the easy steps below to get your registration in the mail.



- 1 Print out your form.
- 2 Sign your name in the box in section 9.



- 3 Fold your registration in half and tape it shut, making sure the mailing address is on the outside, and the registration form is on the inside.
- 4 Put a stamp on your envelope.
- 5 Then, just drop it in the mail. It's that easy.



**Voter Registration Application**Before completing this form, review the General, Application, and State specific instructions.

	you a citizen of the United States of Am	es No				This space for office use only.						
1	I you be 18 years old on or before election checked "No" in response to either o				N not comple	-	ı.					
(Ple	ase see state-specific instructions for rules regard	ling el	ligibility to regis		or to age 18.) Name				Middle Nesse(s)	<u> </u>		
1	Last Name			FIISI	ivallie				Middle Name(s)	)		
2	Home Address			Apt. or Lot # C			City	City/Town		State		Zip Code
3	Address Where You Get Your Mail If Different From Abo			ve	e City			y/Town		State		Zip Code
4	Date of Birth  / Month Day Year	Telephone	Telephone Number (optional)			6	ID Number - (See Item 6 in the instructions for your state)					
7	Choice of Party (see item 7 in the instructions for your State)	8	Race or Ethnic Group (see item 8 in the instructions for your S			ur State)						
9	I have reviewed my state's instructions and I swear/affirm that:  I am a United States citizen  I meet the eligibility requirements of my state and subscribe to any oath required.  The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.											
Please fill out the sections below if they apply to you.  If this application is for a change of name, what was your name before you changed it?												
Α	Last Name			First Name				Middle Name(s)				
lf :	you were registered before but this is the	first	time you are	regis	tering from	the ad	dress	in Box 2,	what was your add	dress where you	were re	egistered before?
В	_ Street (or route and box number)				Apt. or Lot # City/			ty/Town/County		State		Zip Code
lf	you live in a rural area but do not have a	stree	et number, o	r if yo	u have no a	address	s, plea	ase show o	on the map where	e you live.		
	<ul> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>											
С	Example  Ronte # 9  Public School		Grocery Sto chuck Road	re X								
If t	he applicant is unable to sign, who helped	the a	applicant fill o	out thi	s application	n? Give	nam	e, address	and phone numb	er (phone numb	er option	onal).
D												

Mail this application to the address provided for your State.

FOR OFFICIAL USE ONLY								



PLACE STAMP HERE