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

								T1 ·				
1	you a citizen of the United States of Am				This spa	ace for office use	only.					
1	I you be 18 years old on or before election election or before election or before electio	,	,	ns. do n	ot comple	te form	1.					
	ase see state-specific instructions for rules regard											_
1	(Circle one) Last Name	Last Name F					First Name			s)		
Ľ	Mr. Mrs. Miss Ms.	liss Ms.										Jr Sr II III IV
2	Home Address					Apt. or Lot # Ci			City/Town			Zip Code
2	Address Where You Get Your Mail If D	dress Where You Get Your Mail If Different From Above					City	Town		State	:	Zip Code
3												
	Date of Birth	e Numb	Number (optional)			ID Numb	oer - (See Item 6 in t	he instructions for	your state)			
4	//					6						
	Month Day Year Choice of Party		Page or Eti		thnic Group							
7	(see item 7 in the instructions for your State)	Race or Ethnic Group (see item 8 in the instructions for your State)										
				/ 66:								
	I have reviewed my state's instruct I am a United States citizen	ions	and I swe	ar/affirr	n that:							
9	■ I meet the eligibility requirement	s of r	ny state a	nd								
9	subscribe to any oath required. The information I have provided	ic tru	o to the h	oct of n	0)/							
	knowledge under penalty of perju							Plea	ase sign full nam	e (or put mark	k) 📥	
	information, I may be fined, impr					Date	.: [/ /			
	citizen) deported from or refused	entr	y to the U	nitea S	tates.			Month	Day	Year	_	
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Mail this application to the address provided for your State.

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7	(see item 7 in the instructions for your State)	Race or Ethnic Group (see item 8 in the instructions for your State)										
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