

# Voter Registration Application

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

Are you a citizen of the United States of America? Will you be 18 years old on or before election day? <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)					This space for office use only.					
<b>1</b>	(Circle one) Mr. Mrs. Miss Ms.	Last Name		First Name		Middle Name(s)		(Circle one) Jr Sr II III IV		
<b>2</b>	Home Address			Apt. or Lot #	City/Town		State	Zip Code		
<b>3</b>	Address Where You Get Your Mail If Different From Above				City/Town		State	Zip Code		
<b>4</b>	Date of Birth ____/____/____ Month Day Year		<b>5</b>	Telephone Number (optional)		<b>6</b> ID Number - (See Item 6 in the instructions for your state)  _____				
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)		<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)						
<b>9</b>	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"><li>■ I am a United States citizen</li><li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li><li>■ 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.</li></ul>					<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> Month Day Year</p>				

**If you are registering to vote for the first time:** please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## 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?

<b>A</b>	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	<ul style="list-style-type: none"><li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li><li>■ Draw an <b>X</b> 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>		<div style="text-align: right;"><b>NORTH</b> ↑</div>
	<div style="border: 1px solid black; padding: 5px;">Example</div>		
	<div style="border: 1px solid black; padding: 5px;">Public School ●</div>	<div style="border: 1px solid black; padding: 5px;">Grocery Store Woodchuck Road <div style="text-align: center;">X</div></div>	

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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**Mail this application to the address provided for your State.**