

# 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?		Yes	No	This space for office use only.		
Will you be 18 years old on or before election day?		Yes	No			
<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.)						
<b>1</b>	Mr. Miss Mrs. Ms.	Last Name	First Name		Middle Name(s)	Jr II Sr 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>	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.			<div></div> <p>Please sign full name (or put mark) ▲</p> <p>Date: <div></div> 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. Miss Mrs. Ms.	Last Name	First Name	Middle Name(s)	Jr II Sr 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>	■ Write in the names of the crossroads (or streets) nearest to where you live.		<div></div> <p><b>NORTH</b> ↑</p>
	■ Draw an X to show where you live.		
	■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		
	<div>Example</div>	Route #2	
		● Grocery Store	
		Woodchuck Road	
	Public School ●		X

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.**

# FOR OFFICIAL USE ONLY


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