MAIL THIS FORM BY FRIDAY, OCTOBER 14TH

To register to vote in North Carolina

- 1) Print
- 2) Fill out form
- 3) Mail*

*no envelope needed, just fold in half, tape, and stamp



let's vote together

Voter Registration Application

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

	e you a citizen of the United States of Ar			No	This space for off	fice use only.			
Ify	ll you be 18 years old on or before elect rou checked "No" in response to either of ease see state-specific instructions for rules re	these questions	do not complete	No e form. ge 18.)					
1	Mrs. Ms. Last Name Mrs. Ms. MATE		First Name VOTE		Middl	Aiddle Name(s)			
2	Home Address		Apt. or Lot		City/Town State Zin				
3	Address Where You Get Your Mail If Diffe	erent From Above	City/To	City/Town State Zip Code					
4	Date of Birth Ol 1900 Month Day Year	6	ID Number - (See item 6 in the instructions for your state) Your state's drivers license # OR						
7	Choice of Party Race or Ethnic Group Lost 4 SSN								
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. Date: Oq 0 2016								
PI	citizen) deported from or refused en you are registering to vote for the poles of valid identification documents pace fill out the section this application is for a change of name, wh	ne first time: pents with this f	lease refer to to orm.	ply to		Year ns for information	on submitting		
A	Mrs. Miss Last Name		First			Middle Name(s)			
B	you were registered before but this is the f ill Street (or route and box number)	rst time you are re	Apt. or Lot #		Box 2, what was yo	ur address where you we	zip Code		
If	wou we in a chall and a fut correct are a steem. Write in the names of the crossroads (or some Draw an X to show where you live. Use a dot to show any schools, churches, some ar where you live, and write the name of Example.	tores, or other land	marks				CESS NORTH 1		
C	2016 Sam	pleceNati Woodchuck Roa		<u>ter k</u>	<u>registrat</u>	ION FORM			
If 1	2016 Sam	Woodchuck Roa	d X				r optional).		

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

Δ		Linited Ctatos a	£ A			0.5	No		This area	- for eff e			
l	e you a citizen of the I II you be 18 years old				-	es es	No No		i nis spac	e for omc	e use only.		
If y	vou checked "No" in re ease see state-specific in:	sponse to eithe	er of	these questions,									
	Mr. Miss	Last Name	.3109	draing engionity to		st Nam		10.)		Middle	Name(s)		Jr II
1	Mrs. Ms.	Lust Name										Sr IV	
2	Home Address	me Address			Apt. or Lot #			City	y/Town		State		Zip Code
3	Address Where You Get Your Mail If Different From Above						City	r/Town State			Zip Code		
	Date of Birth			Telephone Number (optional)			nal)		ID Number	- (See item 6	in the instructions for y	our stat	e)
4	Month	Day Year	5					6					
7	Choice of Party (see item 7 in the instruction		8	Race or Ethnic Group (see item 8 in the instructions for your State)				- 0					
9	I have reviewed my I am a United Stat I meet the eligibili subscribe to any c	es citizen ity requiremen oath required.	ts of	my state and					Please	sian full	name (or put mark) 🛦	
	■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false							/	3igii iuii	manie (or put mark,			
	information, I may citizen) deported	be fined, impi	rison	ed, or (if not a U.	.S.		Date:		onth	/ Day	Year		
C	f you are registerion opies of valid identered ease fill out	tification doc	ume	ents with this fo	orn	n.					s for information	on s	ubmitting
lf	this application is for a	change of name	, wha	at was your name b	oefo	re you o	hanged it	?					
A	Mr. Miss Last Name Mrs. Ms.			First Name			Middle Name		liddle Name(s)		Jr II Sr IV		
lf	you were registered be	fore but this is t	he fiı	rst time you are re	gist	ering fı	om the a	ddre	ss in Box 2, wh	at was you	r address where you w	vere reg	gistered before?
В	Street (or route and box number)			Apt. or Lot #		City	//Town/Cour	nty	State		Zip Code		
If	you live in a rural area b	out do not have a	stre	et number, or if you	u ha	ve no a	ddress, ple	ease s	show on the m	ap where y	ou live.		
	 Write in the names of Draw an X to show of Use a dot to show are near where you live, 	where you live. ny schools, church	nes, s	tores, or other land		•	ve.						NORTH 🔨
C	Example	Route #2	,	● Grocery Store				_					
	Public	School •		Woodchuck Roa		X							
<u> </u>	the englishment in the older	to sign, who halr	20d t	ho applicant fill ou	t thi		ation? Civ	,o na	ma addrass an	nd phone p	umber (phone numb	or opti	onal)

Mail this application to the address provided for your State.

D

FOR OFFICIAL USE ONLY						



FIRST CLASS STAMP NECESSARY FOR MAILING

State Board of Elections

P.O. Box 27255

Raleigh, NC 27611-7255