## MAIL THIS FORM BY

## **TUESDAY, OCTOBER 11TH**

To register to vote in **Pennsylvania** 

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

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

votemate

let's vote together

Voter Registration Application

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

W If y	e you a citizen of the United States of America? ill you be 18 years old on or before election day? you checked "No" in response to either of these quest ease see state-specific instructions for rules regarding eligib	Yes N	form.	ce for office use	e only.				
1	Mr. Miss Last Name Mrs. Ms. MATE	First Name Vo TE		Middle Name(s)					
2	Home Address	Apt. or Lot #	City/Town Anytow	Zip Code Ol 234					
3	Address Where You Get Your Mail If Different From Al	pove	City/Town		State	Zip Code			
7	Ol Ol 1900  Month Day Year  Choice of Party  Race or Et	Number (optional) hnic Group the instructions for your State)	Your s	ID Number - (See item 6 in the instructions for your state)  Your state's drivers license #  OR  Lost 4 SSN  or if neither, "NONE"					
9	I have reviewed my state's instructions and I swear  I am a United States citizen  I meet the eligibility requirements of my state an subscribe to any oath required.  The information I have provided is true to the be knowledge under penalty of perjury. If I have provinformation, I may be fined, imprisoned, or (if no	d st of my ovided false t a U.S. Date	Vote ?	Mate:					
	citizen) deported from or refused entry to the Ur	iited States.	Month	Day	Year				
PI	you are registering to vote for the first time opies of valid identification documents with the case fill out the sections below	e: please refer to the his form.  wif they ap	e application ins	tructions for	0.000000	n submitting			
PI	you are registering to vote for the first tim opies of valid identification documents with the	e: please refer to the his form.  wif they ap	e application ins	tructions for	0.000000	n submitting			
PI A	you are registering to vote for the first time opies of valid identification documents with the case fill out the sections below this application is for a change of name, what was your name.	e: please refer to the nis form.  wif they appleme before you changed  First N	ply to you. it? ame	Middle at was your addre	information o  Name(s)  Pass where you were	□Jr □ III □Sr □ IIV e registered before?			
Plant If y	you are registering to vote for the first time opies of valid identification documents with the ease fill out the sections below this application is for a change of name, what was your name of the section of the sect	e: please refer to the is form.  Wiff they apout the plane before you changed First N  re registering from the plane and the pla	ply to you. it? ame  address in Box 2, what City/Town/Count  lease no / Char	Middle at was your addresty	Name(s)  ess where you were state  Form	Jr   III   III			

Mail this application to the address provided for your State.

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

Δ		Linited Ctatos a	£ A			0.5	No		This area	- for eff e			
ı	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.	<u>Luse ridirie</u>									Sr IV		
2	Home Address	5			Apt. or Lot #			City/Town		State		Zip Code	
3	Address Where You Get Your Mail If Different From Above			C		City	y/Town		State		Zip Code		
	Date of Birth			Telephone Num	ber	(optior	nal)		ID Number	- (See item 6	in the instructions for y	our stat	e)
4	Month	Day Year	5	Race or Ethnic Group (see item 8 in the instructions for your State)			6						
7	Choice of Party (see item 7 in the instruction		8				our 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	/ put mark				
	information, I may	ay be fined, imprisoned, or (if not a U d from or refused entry to the United						Month 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 La Mrs. Ms.	st Name					First Na	me		N	liddle Name(s)		Jr II Sr IV
lf	you were <b>registered be</b>	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)			Ар	t. or Lo	ot#	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.		
	<ul> <li>Write in the names of</li> <li>Draw an X to show of</li> <li>Use a dot to show are near where you live,</li> </ul>	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.

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FOR OFFICIAL USE ONLY							
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Office of the Secretary of the Commonwealth

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