MAIL THIS FORM BY

SATURDAY, OCTOBER 8TH

To register to vote in **South Carolina**

- 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.

Are					1				
Wil If y	e you a citizen of the United States of An Il you be 18 years old on or before electi ou checked "No" in response to either of	on day?		o form.	nis space for office us	se only.	3		
(Ple	ease see state-specific instructions for rules rec	arding eligibility to	register prior to ag	e 18.)					
1	Mr. Miss Last Name Mrs. Ms. MATE	First Name VOTE		Middle Nan	ne(s)				
2	Home Address 123 Main St	Apt. or Lot #	A	town	State	Zip Code			
3	Address Where You Get Your Mail If Diffe		City/Tow	n	State	Zip Code			
4	Date of Birth Ol 01 1900 Month Day Year	per (optional)		ID Number - (See item 6 in the instructions for your state) Full Social Security #					
7	Choice of Party (see item 7 in the instructions for your State) NO PARTY	Race or Ethnic C (see item 8 in the instr	ructions for your State)						
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. citizen) deported from or refused entry to the United States.								
	you are registering to vote for the opies of valid identification docume	ents with this fo	rm.			mormation	on submitting		
lf	ease fill out the section this application is for a change of name, what		efore you changed						
A					Midd	le Name(s)	□Jr □II □Sr □IV		
Α	this application is for a change of name , wha	at was your name b	efore you changed First N				□Jr □ III □ III □ IV		
A If y	this application is for a change of name , what Mrs. Miss Last Name Mrs. Ms. Last Name Street (or route and box number)	st was your name b	First N istering from the Apt. or Lot #	it? lame address in Bo	ox 2, what was your add	lress where you we	Zip Code		
A If y	wou live hard and box number) Write in the names of the crossroads (or some and the control of	et nume of if of treets) nearest to	First N istering from the Apt. or Lot # Day ad rep. Rere you live.	address in Bo	n/County	dress where you we State	Zip Code		
B If	wou live h Thra are but to not have a street Write in the names of the crossroads (or some and to show any schools, churches, streat where you live, and write the name of the crossroads.	et nume of fortreets) nearest to woodchuck Road	First N istering from the Apt. or Lot # Pare you live. narks Onal Vot	address in Bo	gistration	ress where you we State Ped Cr	Zip Code CSS NORTH		

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Δ		Linited Ctatos a	£ A			0.5	No		This area	- for eff e			
ı	Il you be 18 years old on or before election day? Yes No					No No		This space for office 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.										.,		Sr IV
2	Home Address					Apt.	or Lot #	City	//Town		State		Zip Code
3	Address Where You (Get Your Mail If [Diffe	rent From Above				City	r/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 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 La Mrs. Ms.	st Name					First Na	me		N	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.

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FOR OFFICIAL USE ONLY							



FIRST CLASS STAMP NECESSARY FOR MAILING

State Election Commission

P.O. Box 5987

Columbia, SC 29250-5987