MAIL THIS FORM BY

MONDAY, OCTOBER 10TH

To register to vote in Washington

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

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ı	e you a citizen of the I II you be 18 years old				-	es es	No No		i nis spac	e for office	use only.		
If y	ou checked "No" in re	sponse to eithe	er of	these questions,									
	Mr. Miss	ecific instructions for rules regarding eligibility to			First Name			10.)	Middle Nam		lame(s)		
1	Mrs. Ms.								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Jr " Sr _{IV}		
2	Home Address			Apt. or Lot #		City/Town		State		Zip Code			
3	Address Where You Get Your Mail If Different From Above							City	City/Town		State		Zip Code
	Date of Birth			Telephone Number (optional)			nal)		ID Number	- (See item 6	in the instructions for yo	our stat	e)
4	Month Day Year							6					
7	Choice of Party Race or Ethnic					Group structions for your State)		0					
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 in true to the heat of my. Please sign 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								/ /				
	information, I may citizen) deported	be fined, impi	rison	ed, or (if not a U.	.S.		Date:		onth		Year		
C	f you are registeriopies of valid identered	tification doc	ume	ents with this fo	orn	n.					for information	on si	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 Na			me Mid		ddle 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 your	address where you we	ere reg	gistered before?
В	Street (or route and box number)					Apt. or Lot #		City/Town/County		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 yo	ou live.		
	■ Write in the names of the crossroads (or streets) nearest to where you live. ■ 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.												
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	no addross an	d phone nu	mber (phone numbe	r onti	anal)

Mail this application to the address provided for your State.

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FOR OFFICIAL USE ONLY								



FIRST CLASS STAMP NECESSARY FOR MAILING

Secretary of State

Elections Division

P.O. Box 40229

Olympia, WA 98504-0229

Application Instructions

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer no to either of these questions, you may not use this form to register to vote. However, state specific instructions may provide additional information on eligibility to register to vote prior to age 18.

Box 1 — Name

Put in this box your full name in this order — Last, First, Middle. Do not use nicknames or initials. *Note:* If this application is for a change of name, please tell us in **Box A** (on the bottom half of the form) your full name before you changed it.

Box 2 — Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number. Refer to state-specific instructions for rules regarding use of route numbers.

Note: If you were registered before but this is the first time you are registering from the address in Box 2, please tell us in **Box B** (on the bottom half of the form) the address where you were registered before. Please give us as much of the address as you can remember.

Also Note: If you live in a rural area but do not have a street address, or if you have no address, please show where you live using the map in Box C (at the bottom of the form).

Box 3 — Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box. If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

Box 4 — Date of Birth

Put in this box your date of birth in this order — Month, Day, Year. Be careful not to use today's date!

Box 5 — Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do not have to fill in this box.

Box 6 — ID Number

Federal law requires that states collect from each registrant an identification number. You must refer to your state's specific instructions for item 6 regarding information on what number is acceptable for your state. If you have neither a drivers license nor a social security number, please indicate this on the form and a number will be assigned to you by your state.

Box 7 — Choice of Party

In some States, you must register with a party if you want to take part in that party's primary election, caucus, or convention. To find out if your State requires this, see item 7 in the instructions under your State.

If you want to register with a party, print in the box the full name of the party of your choice.

If you do not want to register with a party, write "no party" or leave the box blank. Do not write in the word "independent" if you mean "no party," because this might be confused with the name of a political party in your State.

Note: If you do not register with a party, you can still vote in general elections and nonpartisan (nonparty) primary elections.

Box 8 — Race or Ethnic Group

A few States ask for your race or ethnic group, in order to administer the Federal Voting Rights Act. To find out if your State asks for this information, see item 8 in the instructions under your State. If so, put in Box 8 the choice that best describes you from the list below:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, *not* of Hispanic Origin
- Hispanic
- Multi-racial
- White, *not* of Hispanic Origin
- Other

Box 9 — Signature

Review the information in item 9 in the instructions under your State. Before you sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand **all** of Box 9.

Finally, sign your **full** name or make your mark, and print today's date in this order — Month, Day, Year. If the applicant is unable to sign, put in **Box D** the name, address, and telephone number (optional) of the person who helped the applicant.

State Instructions

Washington

Updated: 9-24-2012

Registration Deadline — 29 days before the election (or delivered in-person to the local voter registration office until 8 days before the election).

- **6. ID Number.** You must provide your Washington driver's license or state ID card number. If you do not have a Washington driver's license, or state ID card, you must provide the last four digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.
- **7. Choice of Party.** You are not required to designate your party affiliation to register in Washington.
- **8. Race or Ethnic Group.** Leave blank.
- **9. Signature.** To register in Washington you must:
- be a citizen of the United States
- be a legal resident of Washington State, your county and precinct for 30 days immediately preceding the election in which you want to vote
- be at least 18 years old by election day
- not be convicted of infamous crime, unless restored to civil rights

Mailing address:

Secretary of State Elections Division P.O. Box 40229 Olympia, WA 98504-0229