

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

**vote**mate

let's vote together

# 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)		This space for office use only.	
1	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name <b>MATE</b>	First Name <b>VOTE</b> Middle Name(s) <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> IV
2	Home Address <b>123 main st</b>		Apt. or Lot # City/Town <b>Anytown</b> State <b>US</b> Zip Code <b>01234</b>
3	Address Where You Get Your Mail If Different From Above		City/Town State Zip Code
4	Date of Birth <b>01 01 1900</b> Month Day Year	5 Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state) <b>Your state's drivers license #</b> <b>OR</b> <b>Last 4 SSN</b>
7	Choice of Party (see item 7 in the instructions for your State) <b>NO PARTY</b>	8 Race or Ethnic Group (see item 8 in the instructions for your State) <b>Anyrace</b>	
9 I have reviewed my state's instructions and I swear/affirm that: <input checked="" type="checkbox"/> I am a United States citizen <input checked="" type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input checked="" type="checkbox"/> 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 style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Vote Mate</b> </div> Please sign full name (or put mark) ▲ Date: <b>09 / 01 / 2016</b> Month Day Year

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?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> 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	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 a unique town address, please show on the map where you live.

C	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.		NORTH ↑
<div style="border: 1px solid black; padding: 5px;"> <b>Example</b>          Woodchuck Road          Public School ●       </div>			

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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Mail this application to the address provided for your State.

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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>		

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<b>A</b>	Mr. Miss Mrs. Ms.	Last Name	First Name	Middle Name(s)	Jr II Sr III IV
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<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>	<b>NORTH</b> ↑
	■ 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).

<b>D</b>	
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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**