MAIL THIS FORM BY TUESDAY, OCTOBER 11TH

To register to vote in Indiana

- 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.

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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 | in a your distinction of the dis | | | | | 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. | | | | | | | | | ., | | Sr IV | |
| 2 | Home Address | dress | | | Apt. or Lot # | | | City | ity/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 | Oate of Birth Telephone Number (option | | | (optior | nal) | | ID Number - (See item 6 in the instructions for your state) | | | | | |
| 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) | | | 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. | | |
| | 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 | | | | | | | |
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FIRST CLASS STAMP NECESSARY FOR MAILING

Election Division

Office of the Secretary of State

302 West Washington Street, Room E-204

Indianapolis, IN 46204-2743