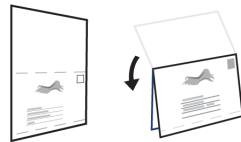




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# Voter Registration Application

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

Are you a citizen of the United States of America?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	This space for office use only.			
Will you be 18 years old on or before election day?			<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If you checked "No" in response to either of these questions, do not complete form.								
(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)								
<b>1</b>	<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"/> III <input type="checkbox"/> Ms. <input type="checkbox"/> 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 <hr/> 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)					
<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ 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.</li> </ul>								
<span style="border: 1px solid black; display: inline-block; width: 300px; height: 40px; vertical-align: middle;"></span> Please sign full name (or put mark) ▲								
Date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> 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?

<b>A</b>	<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"/> III <input type="checkbox"/> Ms. <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>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>		<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>		<b>NORTH</b> ↑
		Example	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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**Mail this application to the address provided for your State.**

# FOR OFFICIAL USE ONLY

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FIRST CLASS  
STAMP  
NECESSARY  
IF MAILED