

APPLYING TO REGISTER OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT
OF ASSISTANCE THAT YOU WILL BE PROVIDED BY DC HEALTH LINK.



Voter Registration Application

District of Columbia
Board of Elections



Use this form to register to vote in the District of Columbia, to let us know that your name or address has changed, to register with a political party, or to change your party registration.

To **register to vote** in the District of Columbia, you must:

- Be a United States citizen
- Be a resident of the District of Columbia
- Not claim voting residence outside the District of Columbia
- Be at least 16 years old
- Not be in jail for a felony conviction
- Not have been found by a court to be legally incompetent to vote

To **vote** in the District of Columbia, you must:

- Maintain residency for at least 30 days prior to the election in which you intend to vote
- Be at least 17 years old
- Be at least 18 years old by the next general election

To **vote in a primary election**, you must also:

- Be registered in that party at least 30 days prior to the election unless you are registering for the first time

Please complete all items on this form. You are not officially registered to vote until the Board of Elections has approved this application. If you do not receive a voter registration card in the mail within three weeks of mailing this application, call 202-727-2525. **If you are registering to vote in the District of Columbia for the first time and submit this application by mail or on Election Day, you may be required to provide identification at the polls showing your name and current address.** Your mailed application must be postmarked by the 30th day preceding the next election. After that date, you can register to vote in person at 441 4th Street NW, Suite 250 North.

Questions? Call 202-727-2525 or 866-328-6837 or visit www.dcooe.org.

Información en español: Si le interesa obtener este formulario en español, llame al 202-727-2525.

Hearing impaired: For TDD assistance, call 202-639-8916.

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(Use a pen to complete this form)

1	Check one: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked 'no', do not complete this form.		2	Reason for completing this form <input type="checkbox"/> New Registration <input type="checkbox"/> Party Change <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change		Voter ID Number	
				Reg. Date Clerk			
1a	Check one: Would you like information on serving as a poll worker for the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3	Gender (Optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name	First Name		Middle Name	Suffix Jr. Sr. II III IV	
4	Address Where You Live Circle One NE NW SE SW				Apartment Number	Zip Code	
5	Address Where You Get Your Mail (If different from #4)				Zip Code	E-mail address (Optional)	
6	7	Date of Birth		Daytime Phone Number (Optional)	8	DC DMV-issued ID Number	
9	Party Registration – Check one box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> D.C. Statehood Green Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> no party (independent) <input type="checkbox"/> other party (write <u>name</u> below)		PLEASE NOTE: To vote in a primary election in the District of Columbia, you must be registered with the Democratic, Republican, D.C. Statehood Green or Libertarian Party.		8a 13 <input type="checkbox"/> I have not been issued a Driver's License Number or a Social Security Number. Please assign me a number.		
10	Optional: If you have a disability that requires assistance with voting, please indicate type: _____						Voter Declaration— Read, Check and Sign below I swear or affirm that: <input type="checkbox"/> I am a U.S. citizen; <input type="checkbox"/> I live in the District of Columbia at the address (#4) above; <input type="checkbox"/> I am at least 16 years old. I am not in jail on a felony conviction, I have not been found by a court to be legally incompetent to vote and I do not claim voting residence outside of the District of Columbia. WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years.
11	What is your primary language if it is not English? _____						
12	Name and Address on Last Registration _____ _____ (If outside D.C., include county and state)						
Signature _____ Date _____							

Notice: Voter registration information is public, with the exception of full/partial social security number, date of birth, email, and phone number.
D.C. Official Code § 2-531 et seq., 3 DCMR § 501.

Mail Completed Forms To:

D.C. Board of Elections
One Judiciary Square
441 4th Street, N.W., Suite 250 North
Washington, DC 20001