

Wisconsin Voter Registration Application

please complete legibly
Additional Instructions
on reverse

please return your
completed form to
your municipal clerk

<div>Qualifications please check each box if <u>You:</u></div>	1	if you cannot check every box, do NOT complete this form	
		<input type="checkbox"/> Are you citizen of US	<input type="checkbox"/> Have resided at the address provided below for at least 28 consecutive days prior to the election and do not currently intend to move
		<input type="checkbox"/> Will be at least 18 years old on or before Election Day	<input type="checkbox"/> Are not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction
<div>Your Name</div>	2	Last <u>bajracharya</u> First <u>srijan</u>	Suffix (Jr., II, etc.) Middle
<div>About You phone number and email are optional</div>	3	Date of Birth (MM/DD/YYYY)	Phone Number Email Address
<div>The Address Where You Live your residential voting address, which cannot be a P.O. Box if you do not have a street address, please use the map on the back of this form</div>	4	Street Address City/Town/Village of Mailing Municipality (if different)	Apt/Room # Zip Middle