Wyoming Voter Registration Application & Change Form			VR # County #				
_		Distr	ict	Precinct		Split	
■ New Voter Application ■ Change to	Current Registration	Scho	ol	House _		Senate	
		Muni	icipality <sub>-</sub>	W	ard		
Name and Date of Birth			T				
Legal Last Name	Legal First Name		Legal Middle N	ame		Suffix	
Date	County						
of Birth	Resident Since						
0 W : D: 11: V / 1 11		14/ ' D ' 1					
<ol> <li>Wyoming Driver's License You must provide the Valid Wyoming</li> </ol>	is number if you hold a valid	Wyoming Driver's	s License				
Driver's License Number:							
☐ Mark here only if you do no	ot have a valid Wyoming Dri	ver's License and	go to step	2a.			
	igits are required if you do no	ot have a valid Wy	oming Driv	ver's License			
Social Security							
Number	you <b>do not have</b> a valid Wyd	omina Drivor's Lic	onso <b>or</b> a	Social Socurity	Numbor		
☐ Mark Here Only II	you <b>do not nave</b> a vallu vvyc	Jilling Driver's Lic	ense <b>or</b> a	Social Security	ivuilibei.		
3. Personal Information * Denotes optional informat	ion						
Gender* Male Wyoming Residence Address (No P.O. Box Numbers)						Zip	
Female							
Address Where You		Mailing			State	Zip	
Get Your Mail		City					
Political Party Choose one of the following Re	publican	Libertarian _	_ Unaffilia	ted			
Phone*			Are you interested in being an Election Judge?* ☐ Yes ☐ No				
E-mail*		Do you	Do you need assistance to vote? *				
4. Changes to Current Wyoming Voter Registration				T -			
Former Wyoming Residence Street Address	City	WY County		State		Zip	
Former	Former			Wyoming Former		Suffix	
Last Name	First Name			Middle Name		Julia	
4a. Withdrawal of Voter Registration from A		ddress in prior Sta	ate				
Street Address	City	County		State		Zip	
	'						
5. Registration Oath and Acknowledgement Required I do solemnly swear (or affirm) that I am a citize	uired on all applications.	at Lam a bana fi	do rocido	nt of the state	of Wyomin	a and this county that	
I will be at least eighteen (18) years of age on o							
currently adjudicated a mentally incompetent pe							
my civil or voting rights restored by a competent							
best knowledge and belief.	<b>,</b> ,,					,	
Sign your legal name in full							
☐ Proof of Identification Shown Type of Ide	ntification						
Subscribed and affirmed or sworn to before me							
Cassonsoa and animinoa of Sworn to befole the	·						
	(name o	of applicant) on _			(ар	pplication date)	
Signature of Registry Agent or person authorized to administer oaths							