

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?		Yes	No	This space for office use only.		
Will you be 18 years old on or before election day?		Yes	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.)						
1	Mr. Miss Mrs. Ms.	Last Name	First Name		Middle Name(s)	Jr II Sr III IV
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
4	Date of Birth _____ Month Day Year		5 Telephone Number (optional)	6 ID Number - (See item 6 in the instructions for your state)		
7	Choice of Party (see item 7 in the instructions for your State)		8 Race or Ethnic Group (see item 8 in the instructions for your State)			
9	I have reviewed my state's instructions and I swear/affirm that: ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ 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.			<div></div> <p>Please sign full name (or put mark) ▲</p> <p>Date: <div></div> Month Day Year</p>		

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?

A	Mr. Miss Mrs. Ms.	Last Name	First Name	Middle Name(s)	Jr II Sr III 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	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.

C	■ Write in the names of the crossroads (or streets) nearest to where you live.		<div></div>	NORTH ↑
	■ Draw an X to show where you live.			
	■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.			
	<div>Example</div>	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).

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Mail this application to the address provided for your State.

Pennsylvania Voter Registration

MAILING ADDRESS

Office of the Secretary of the Commonwealth
210 North Office Bldg.
Harrisburg, PA 17120-0029

INSTRUCTIONS

1. ADD YOUR ID NUMBER

Federal law requires that states collect from each registrant an identification number.

2. RACE OR ETHNIC GROUP

Add your race or ethnic group.

3. SIGN AND DATE

Sign your full name or make your mark, and print today's date in this order — Month, Day, Year.

4. MAIL IT

Place the form into an envelope or make a mailer, write the mailing address on the front, and add the correct postage.

5. VOTE

Vote by requesting an absentee ballot, early vote, or go to the polls on Election Day.

See below for you state's specific instructions.

REGISTRATION DEADLINE

30 days before the election or primary.

ID NUMBER

You must supply a Driver's License Number, if you have one. If you do not have a Driver's License Number, you must supply the last four digits of your social Security Number. If you do not have a Social Security Number, please write "NONE" in the box.

RACE OR ETHNIC GROUP

You are requested to fill in this box.

Put the choice that best describes you from the list below:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic Origin
- Hispanic
- Multi-racial
- White, not of Hispanic Origin
- Other

CHOICE OF PARTY

You must register with a party if you want to take part in that party's primary election.

SIGNATURE

To register in Pennsylvania you must:

- be a citizen of the United States at least one month before the next election
- be a resident of Pennsylvania and your election district at least 30 days before the election
- be at least 18 years of age on the day of the next election

FIRST TIME VOTERS WHO REGISTER BY MAIL

If you are registering to vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes: A current and valid photo identification or a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address.

Voters may be exempt from this requirement if they submit a COPY of this identification with their mail in voter registration form.

If you wish to submit a COPY, please keep the following in mind: Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.

Do not submit original documents with this application, only COPIES.

MORE INFORMATION

For complete general and state-specific instructions for your voter registration application, visit the U.S. Election Assistance Commission.