

# 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            |                                                                         |                                                                                                      |          |                 |
| <b>If you checked "No" in response to either of these questions, do not complete form.</b><br>(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |               |                                                                         |                                                                                                      |          |                 |
| <b>1</b>                                                                                                                                                                                            | Mr. Miss<br>Mrs. Ms.                                                                                                                                                                                                                                                                                                                                                                                                                             | Last Name | First Name    |                                                                         | Middle Name(s)                                                                                       | Jr<br>Sr | II<br>III<br>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<br>_____<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                         |           | <b>5</b>      | Telephone Number (optional)                                             | <b>6</b> ID Number - (See item 6 in the instructions for your state)<br>_____                        |          |                 |
| <b>7</b>                                                                                                                                                                                            | Choice of Party<br>(see item 7 in the instructions for your State)                                                                                                                                                                                                                                                                                                                                                                               |           | <b>8</b>      | Race or Ethnic Group<br>(see item 8 in the instructions for your State) |                                                                                                      |          |                 |
| <b>9</b>                                                                                                                                                                                            | I have reviewed my state's instructions and I swear/affirm that:<br>■ I am a United States citizen<br>■ I meet the eligibility requirements of my state and subscribe to any oath required.<br>■ 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><br/>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?

|          |                      |           |            |                |          |                 |
|----------|----------------------|-----------|------------|----------------|----------|-----------------|
| <b>A</b> | Mr. Miss<br>Mrs. Ms. | Last Name | First Name | Middle Name(s) | Jr<br>Sr | II<br>III<br>IV |
|----------|----------------------|-----------|------------|----------------|----------|-----------------|

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 |
|----------|----------------------------------|---------------|------------------|-------|----------|

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> | ■ Write in the names of the crossroads (or streets) nearest to where you live.                                                 |          | <div></div>     | <b>NORTH</b> ↑ |
|          | ■ 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).

|          |  |
|----------|--|
| <b>D</b> |  |
|----------|--|

**Mail this application to the address provided for your State.**

# Vermont Voter Registration

**MAILING ADDRESS**  
Office of the Secretary of State  
Director of Elections  
26 Terrace Street  
Montpelier, VT 05609-1101

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## INSTRUCTIONS

### 1. ADD YOUR ID NUMBER

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

*See below for you state's specific instructions.*

### 2. SIGN AND DATE

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

### 3. MAIL IT

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

### 4. VOTE

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

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## REGISTRATION DEADLINE

Delivered to the town clerk before 5:00 PM on the Wednesday before the election.

## ID NUMBER

Your completed voter registration form must contain your state issued driver's license number. Your completed voter registration form must also include the last four digits of your social security number. (Section 115.155, RSMo). If you do not have a driver's license or a social security number, please write "NONE" on the form. A unique identifying number will be assigned by the State. Any electronic media, printouts or mailing labels provided under this section shall not include telephone numbers and social security numbers of voters. (Section 115.157, RSMo)

## RACE OR ETHNIC GROUP

Leave blank.

## CHOICE OF PARTY

Vermont does not require party registration to participate in any election.

## SIGNATURE

To register in Vermont you must:

- be a citizen of the United States
- be a resident of Vermont
- be 18 years of age on or before election day
- have taken the following Oath:

You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the state of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution, without fear or favor of any person [Voter's Oath, Vermont Constitution, Chapter II, Section 42]  
By signing in Box 9, you are attesting that you have sworn or affirmed the Vermont voter's oath as printed above.

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## 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.