

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

If you are not a citizen or will not be 18 years or older on or before election day do not fill out this form.

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.

Check here if you are a citizen of the United States of America. This space for office use only.

Check here if you will be 18 years old on or before election day. _____

1. Mr. Last Name _____

Mrs. First Name _____ Middle Names _____

Miss Ms. Junior Senior II III IV

2. Home Address Number and Street _____

City _____ Apartment or Lot Number _____

State _____ Zip Code _____

3. Mailing Address, number and street (if different from above) _____

City _____ Apartment or Lot Number _____

State _____ Zip Code _____

4. Date of Birth _____ 5. Phone Number (optional) _____

6. I D number (see item 6 in the instructions) _____

7. Choice of Party (see item 7 in the instructions) _____

8. Race or Ethnic Group (see item 8 in the instructions) _____

9. Check here to confirm that I have reviewed my state's instructions and I swear/affirm that: I am a United States citizen.

Check here to confirm that I have reviewed my state's instructions and I swear/affirm that: I meet the eligibility requirements of my state and subscribe to any oath required.

Check here to confirm that I have reviewed my state's instructions and I swear/affirm that: 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

Enter the date of your signature. _____

9. Document Signature Field

Section A.
Mr. _____

Mrs. Last Name _____

Miss First Name _____

Ms. Middle Names _____

Junior Senior II III IV

Section B.
Address, Street with Route or box
number (if different from above) _____

Apartment or Lot Number _____ City or town _____

State _____ Zip Code _____

Section C.
If you live in a rural area, or do not have an address, describe where you live. Write in the names of the local crossroads or streets near where you live.

Section D. States require a handwritten signature at the bottom of each page. Therefore if you are unable to sign, please list the name of the person who assisted you in filling out this form, including the name, address and telephone number. The telephone number is optional.

Document Signature Field
