

# 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 \_\_\_\_\_

Miss Middle Names \_\_\_\_\_

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 here and then you will place your written signature or mark below. \_\_\_\_\_

9. Document Signature Field

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Section A. If this application is for a change of name, what was your name before you changed it?

- Mr. \_\_\_\_\_
- Mrs. Last Name \_\_\_\_\_
- Miss First Name \_\_\_\_\_
- Ms. Middle Names \_\_\_\_\_
- Junior     Senior     II     III     IV

Section B. 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?

Address, Street with Route or box number (if different from above)

\_\_\_\_\_

Apartment or Lot Number \_\_\_\_\_ City or town and  
County \_\_\_\_\_

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.

A handwritten signature is required below at the bottom of this 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.

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