

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.										
<b>1</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> 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  Month Day Year		<b>5</b>	Telephone Number (optional)	<b>6</b> ID Number - (See item 6 in the instructions for your state)							
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)		<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)								
<b>9</b>	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.			Please sign full name (or put mark) ▲  Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>						Month	Day	Year
Month	Day	Year										

**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>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> 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>B</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.

<b>C</b>	<ul style="list-style-type: none"> <li>Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>Draw an X to show where you live.</li> <li>Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	<b>NORTH</b> ↑							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Example</td> <td rowspan="3" style="width: 5%; text-align: center; vertical-align: middle;">Route #2</td> <td style="width: 20%; padding: 5px;">● Grocery Store</td> <td rowspan="3" style="width: 55%;"></td> </tr> <tr> <td style="padding: 5px;">Public School ●</td> <td style="padding: 5px;">Woodchuck Road</td> </tr> <tr> <td style="text-align: right; padding: 5px;">X</td> <td></td> </tr> </table>	Example	Route #2	● Grocery Store		Public School ●	Woodchuck Road	X	
Example	Route #2	● Grocery Store							
Public School ●		Woodchuck Road							
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>	
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**Mail this application to the address provided for your State.**