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
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.)

This space for office use only.

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

Please sign full name (or put mark) ▲

Date: ___/___/___ 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?

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

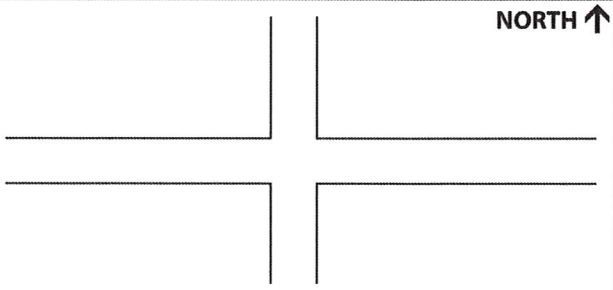
B Street (or route and box number) | Apt. or Lot # | City/Town/County | State | Zip Code

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.

C
- Write in the names of the crossroads (or streets) nearest to where you live.
- 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.

Example
Route #2
● Grocery Store
Woodchuck Road
Public School ●
X

NORTH ↑



If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D

Mail this application to the address provided for your State.