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

Wil If y	e you a citizen of the United States of I you be 18 years old on or before e ou checked "No" in response to eithe wase see state-specifc instruc tions for rule	lectio e <mark>r of t</mark> l	n day? hese questions,				This space	e for office us	e only.		
1	Mr. Miss Last Name F				First Name						□ Jr □    □ Sr □
2	lome Address			Ар	Apt. or Lot #		City/Town		State		Zip Code
3	Address Where You Get Your Mail If Different From Above			Ci			City/Town		State		Zip Code
7	Date of Birth  Month Day Year  Choice of Party (see item 7 in the instructions for your State)  Race or Ethnic Gro (see item 8 in the instructions)					6	ID Number -	· (See item 6 in th	e 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 fned , imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.						Please sign full name (or put mark) A  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 Last Name Mrs. Ms.				First Na			Middl	dle Name(s)		□Jr □II □Sr □IV
lf :	you were <b>registered before but this is t</b>	he firs	st time you are re								
В	Street (or route and box number)			Apt. or	Lot #	City	//Town/Count	ty	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.  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.											
С	Public School ●  Public School	© Grocery Store  Woodchuck Road									
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.

FOR OFFICIAL USE ONLY							



FIRST CLASS STAMP NECESSARY FOR MAILING