

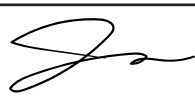
A GUIDE TO FILLING OUT THE NATIONAL VOTER REGISTRATION FORM

If you have **MOVED, CHANGED YOUR NAME, OR MARRIED** you will need to register again

CIRCLE if these are true

LAST NAME then **FIRST NAME**

BIRTHDAY not **TODAY'S DATE**

Are you a citizen of the United States of America? <input checked="" type="radio"/> Yes <input type="radio"/> No		Will you be 18 years old on or before election day? <input checked="" type="radio"/> Yes <input type="radio"/> No		This space for office use only.			
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.)							
1	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	Jr Sr	II III 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	Telephone Number (optional)		ID Number - (See item 6 in the instructions for your state)			
5	Month Day Year						
6	Choice of Party (see item 7 in the instructions for your State)		Race or Ethnic Group (see item 8 in the instructions for your State)		123100100123		
7							
8							
9	I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> 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: 05 / 02 / 2022 Month Day Year			

DO NOT put PO box in home address

if you **DO NOT HAVE A STATE ID** provide last four of SSN

be sure to **SIGN AND DATE** on the provided line

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.

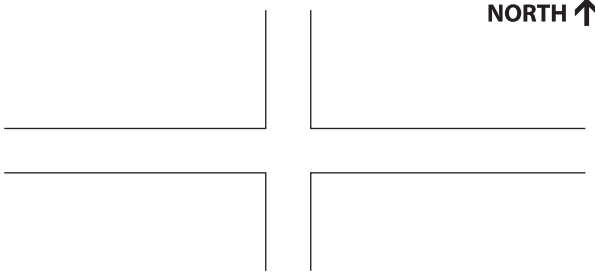
If this application is for a **change of name**, what was your name before you changed it?

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

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.	NORTH ↑ 
	Example Public School <input checked="" type="checkbox"/> Route #2 <input checked="" type="checkbox"/> Grocery Store 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).

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EXPERIENCING HOMELESSNESS? YOU CAN STILL REGISTER!

List your shelter address or use a street corner or a park address as the 'home address' or use the provided map to illustrate where you normally live or sleep. Use an address where you receive mail as your mailing address (can be a friend/family address or post office)