

General Instructions

Who Can Use this Application

If you are a U.S. citizen who lives or has an address within the United States, you can use the application in this booklet to:

- Register to vote in your State,
- Report a change of name to your voter registration office,
- Report a change of address to your voter registration office, or
- Register with a political party.

Exceptions

Mississippi will accept this form as a registration to vote only for federal offices (President, U.S. Senator, and U.S. Representative) unless State law is changed.

New Hampshire town and city clerks will accept this application only as a request for their own absentee voter mail-in registration form.

North Dakota does not have voter registration.

Wyoming by law, cannot accept this form unless State law is changed.

Please do **not** use this application if you live outside the United States and its territories and have no home (legal) address in this country, *or* if you are in the military stationed away from home. Use the Federal Postcard Application available to you from military bases, American embassies, or consular offices.

How to Find Out If You Are Eligible to Register to Vote in Your State

Each State has its own laws about who may register and vote. Check the information under your State in the State Instructions.

Note: All States require that you be a United States citizen by birth or naturalization to register to vote in federal and State elections. Federal law makes it illegal to falsely claim U.S. citizenship to register to vote in any federal, State, or local election.

Also Note: You **cannot** be registered to vote in more than one place at a time.

When to Register to Vote

Each State has its own deadline for registering to vote. Check the deadline for your State on the last page of this booklet.

How to Fill Out this Application

Use both the Application Instructions and State Instructions to guide you in filling out the application.

First, read the Application Instructions. These instructions will give you important information that applies to everyone using this application.

Next, find your State under the State Instructions. Use these instructions to fill out Boxes 6, 7, and 8. Also refer to these instructions for information about voter eligibility and any oath required for Box 9.

How to Submit Your Application

Mail your application to the address listed under your State in the State Instructions. Or, deliver the application in person to your local voter registration office.

If You Were Given this Booklet in a State Agency or Public Office

If you have been given this booklet in a State agency or public office, it is your choice to use the application or not.

If you decide to use this application to register to vote, you can fill it out and leave it with the State agency or public office. The application will be submitted for you. Or, you can take it with you to mail to the address listed under your State in the State Instructions. You also may take it with you to deliver in person to your local voter registration office.

Note: The name and location of the State agency or public office where you received the application will remain confidential. It will not appear on your application. Also, if you decide not to use this application to register to vote, that decision will remain confidential. It will not affect the service you receive from the agency or office.

Application Instructions

Box 1 — Name

Put in this box your full name in this order — Last, First, Middle. Do not use nicknames or initials.

Note: If this application is for a change of name, please tell us in **Box A** (*on the bottom half of the form*) your full name before you changed it.

Box 2 — Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number.

Note: If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (*on the bottom half of the form*) the address where you were registered before. Please give us as much of the address as you can remember.

Also Note: If you live in a rural area but do not have a street address, *or* if you have no address, please show where you live using the map in **Box C** (*at the bottom of the form*).

Box 3 — Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box.

Note: If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

Box 4 — Date of Birth

Put in this box your date of birth in this order — Month, Day, Year. *Be careful not to use today's date!*

Box 5 — Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in this box.

Box 6 — ID Number

Many States use an ID number for record-keeping purposes. To find out what ID number, if any, you need to put in this box, see item 6 in the instructions under your State.

Box 7 — Choice of Party

In some States, you must register with a party if you want to take part in that party's primary election, caucus, or convention. To find out if your State requires this, see item 7 in the instructions under your State.

If you want to register with a party, print in the box the full name of the party of your choice.

If you do **not** want to register with a party, write "no party" or leave the box blank. Do **not** write in the word "independent" if you mean "no party," because this might be confused with the name of a political party in your State.

Note: If you do not register with a party, you can still vote in general elections and nonpartisan (nonparty) primary elections.

Box 8 — Race or Ethnic Group

A few States ask for your race or ethnic group, in order to administer the Federal Voting Rights Act. To find out if your State asks for this information, see item 8 in the instructions under your State. If so, put in Box 8 the choice that best describes you from the list below:

- American Indian *or* Alaskan Native
- Asian or Pacific Islander *not* Native Hawaiian
- Black, *not of* Hispanic Origin
- Hispanic
- Multi-racial
- Native Hawaiian
- White, *not of* Hispanic Origin
- Other

Box 9 — Signature

Review the information in item 9 in the instructions under your State. Before you sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand **all** of Box 9.

Finally, sign your **full** name or make your mark, and print today's date in this order — Month, Day, Year.

Box 10 — Name of Assistant

If the applicant is unable to sign, put in this box the name, address, and telephone number (optional) of the person who helped the applicant.

Voter Registration Application

For U.S. Citizens

| | | | | | | | |
|--|---|-----------|---------------|---|---------------------------------------|--|---|
| You can use this form to: <input type="checkbox"/> register to vote <input type="checkbox"/> report that your name or address has changed <input type="checkbox"/> register with a party | | | | This space for office use only. | | | |
| Please print in blue or black ink | | | | | | | |
| 1 | Mr. Mrs. Miss Ms. | Last Name | First Name | Middle Name(s) | (Circle one) Jr Sr II III IV | | |
| 2 | Address (see instructions)— Street (or route and box number) | | Apt. or Lot # | City/Town | State | Zip Code | |
| 3 | Address Where You Get Your Mail If Different From Above (see instructions) | | | City/Town | State | Zip Code | |
| 4 | Date of Birth | / | / | 5 | Telephone Number (optional) | 6 | ID Number (see item 6 in the instructions for your State) |
| | | Month | Day | Year | | | |
| 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 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. (See item 9 in the instructions for your state before you sign.) <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) ↓ | | |
| | | | | <div style="border: 1px solid black; width: 100%; height: 60px;"></div> | | | |
| | | | | Date: / / Month Day Year | | | |
| 10 | If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional). | | | | | | |

Fold here

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) | (Circle one) Jr Sr II III 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 | 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 | <input type="checkbox"/> Write in the names of the crossroads (or streets) nearest to where you live. <input type="checkbox"/> Draw an X to show where you live. <input type="checkbox"/> Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. | NORTH ↑ | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">Example</td> <td style="width: 5%; text-align: center; border: 1px solid black; padding: 5px;">Route #2</td> <td style="width: 75%; border: 1px solid black; padding: 5px;"> <div style="text-align: center;"> Grocery Store Woodchuck Road </div> </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Public School ●</td> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px; text-align: center;">X</td> </tr> </table> | | | Example | Route #2 | <div style="text-align: center;"> Grocery Store Woodchuck Road </div> | Public School ● | | X |
| Example | Route #2 | <div style="text-align: center;"> Grocery Store Woodchuck Road </div> | | | | | | |
| Public School ● | | X | | | | | | |

To Mail:

1. Address the back of this application (see address under your state).
2. Remove plastic strip below.
3. Fold form at middle and seal at top.
4. Put on a first-class stamp and mail.

State Instructions

California

6. ID Number. Your California Driver's License or ID card number is requested.

7. Choice of Party. Enter the name of your political party choice or "Decline to State" if you do not wish to affiliate with any political party.

8. Race or Ethnic Group. Leave blank.

9. Signature. To register in California you must:

- be a citizen of the United States
- be a resident of California
- be at least 18 years of age at the time of the next election
- not be imprisoned or on parole for the conviction of a felony
- not currently be judged mentally incompetent by a court of law

Mailing address:

Secretary of State
1500 11th Street
Sacramento, CA 95814

Must be received — 15 days before the election.