PENNSYLVANIA VOTER REGISTRATION APPLICATION

DO NOT WRITE IN SHADED AREAS

1 Are you a citizen of the United States of America? ☐ Yes ☐ No
Will you be 18 years of age on or before election day? ☐ Yes ☐ No
} If you checked "No" in response to either of these questions, do not complete this form.

2 ☐ New Registration ☐ Change of Name ☐ Change of Address ☐ Change of Party ☐ I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.

Place either Driver's License # or Social Security # here
DL # ☐☐☐☐☐☐☐☐
OR SS# (last 4 digits) ☐☐☐☐

3 Mr Mrs Miss | Last Name | First Name | Middle Name/Initial | Jr Sr II III IV

4a Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above) | Apt # | State PA | Zip Code

4b Telephone Number (Optional) ( )

4c Municipality where you live | County where you live

5 Mailing address (if different than address of residence) | City | State | Zip Code

6 Date of Birth / /

7 Race (Optional)

8a Name on previous registration

8b Address of previous registration | County of previous registration | Year of previous registration

9 In which party do you wish to register?
☐ Democratic ☐ Republican ☐ Libertarian ☐ Green ☐ No affiliation ☐ Other (Please specify): _____

10 Voter Identification Number ☐☐☐☐☐☐☐☐☐–☐☐

11 I HEREBY DECLARE THAT:
(1) On the day of the next election I will have been a **United States citizen** for at least one month, I will be **at least 18 years of age,** and I will have **resided in Pennsylvania** and in my election district for at least 30 days;
(2) I am legally qualified to vote.
AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury.

Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)

X

Print Your Name Below | Date / /

12 Name of person who assisted in the completion of this application | Telephone No.
Address

DATE OF REGISTRATION	REGISTRAR	YEAR	PARTY AFFILIATION

NAME	CITY, BORO, OR TWP.	WARD	DISTRICT	COUNTY VOTER I.D.#