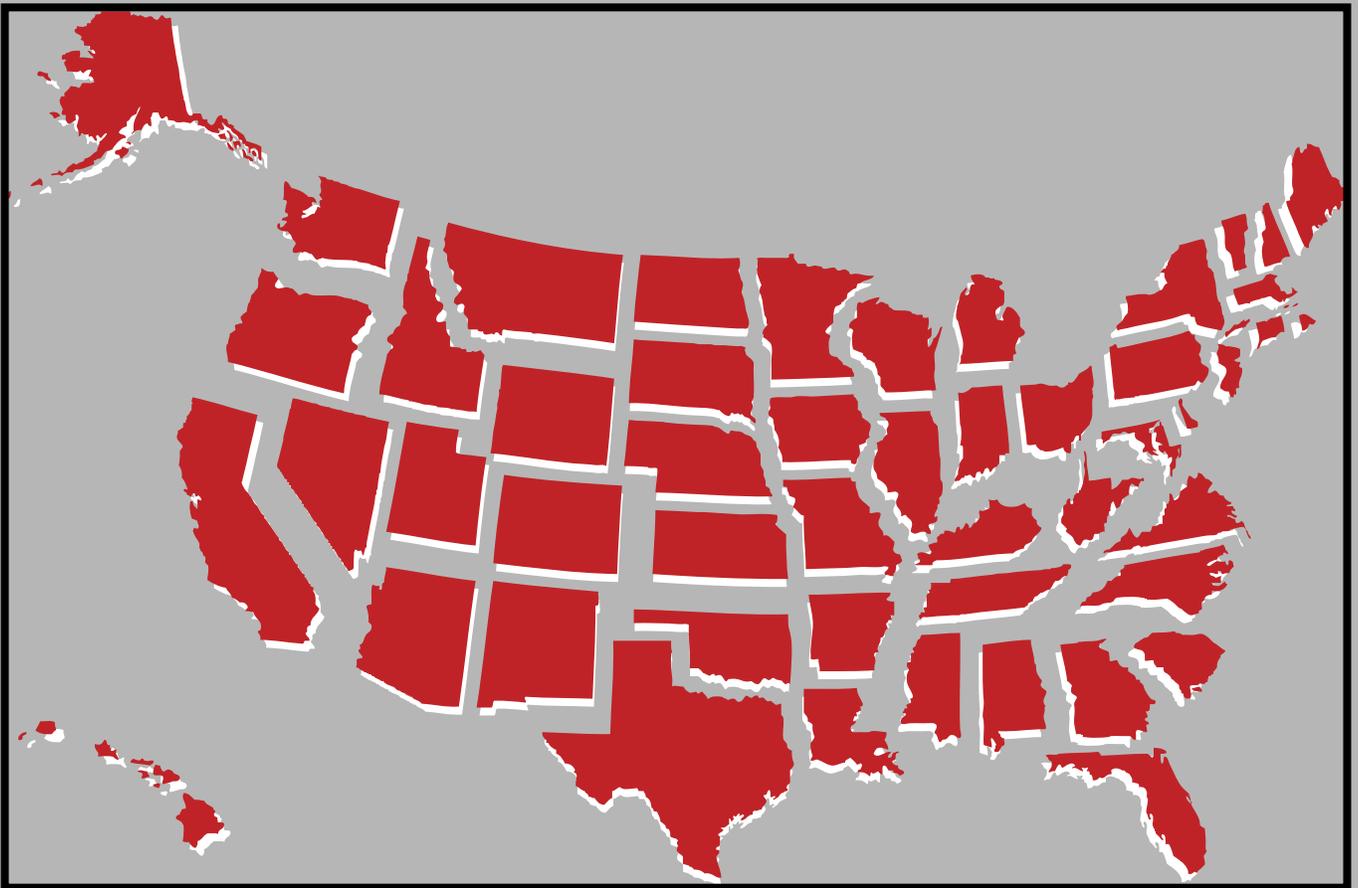


**Register To Vote In Your State  
By Using This  
Postcard Form and Guide**



**For U.S. Citizens**

# 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

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.

**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** law does not permit mail registration.

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

## 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 refer to these instructions for information about voter eligibility and any oath required for Box 9.

## 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 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. The States that are required to accept the national form will accept copies of the application printed from the computer image on regular paper stock, signed by the applicant, and mailed in an envelope with the correct postage.

## First Time Voters Who Register by Mail

If you are registering to vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes:

- A current and valid photo identification or
- A current utility bill, bank statement, government check, paycheck or government document that shows your name and address.

Voters may be exempt from this requirement if they submit a **COPY** of this identification with their mail in voter registration form. If you wish to submit a **COPY**, please keep the following in mind:

- Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.
- Do not submit original documents with this application, only **COPIES**.

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

If you have been given this application in a State agency or public office, it is your choice to use the application. 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

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer no to either of these questions, you may not use this form to register to vote. However, state specific instructions may provide additional information on eligibility to register to vote prior to age 18.

## 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. Refer to state-specific instructions for rules regarding use of route numbers.

*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. 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

Federal law requires that states collect from each registrant an identification number. You must refer to your state's specific instructions for item 6 regarding information on what number is acceptable for your state. If you have neither a drivers license nor a social security number, please indicate this on the form and a number will be assigned to you by 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
- Black, *not* of Hispanic Origin
- Hispanic
- Multi-racial
- 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. If the applicant is unable to sign, put in **Box D** the name, address, and telephone number (optional) of the person who helped the applicant.

# 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		This space for office use only.					
<p style="color: red; font-weight: bold;">If you checked "No" in response to either of these questions, do not complete form.</p> <p>(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)</p>									
<b>1</b>	Mr. Miss Mrs. Ms.	Last Name		First Name		Middle Name(s)		Jr Sr	II III IV
<b>2</b>	Home Address			Apt. or Lot #	City/Town		State	Zip Code	
<b>3</b>	Address Where You Get Your Mail If Different From Above				City/Town		State	Zip Code	
<b>4</b>	Date of Birth		<b>5</b>	Telephone Number (optional)		<b>6</b> ID Number - (See item 6 in the instructions for your state)			
	Month	Day							
<b>7</b>	Choice of Party <small>(see item 7 in the instructions for your State)</small>		<b>8</b>	Race or Ethnic Group <small>(see item 8 in the instructions for your State)</small>					
<b>9</b>	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ 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.</li> </ul>				<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p style="text-align: center; margin-left: 50px;">Month      Day      Year</p>				

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?

<b>A</b>	Mr. Miss Mrs. 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>B</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.

<b>C</b>	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>				<b>NORTH</b> ↑
	Example	Route #2	● Grocery Store		
			Woodchuck Road		
	Public School ●		<b>X</b>		

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

<b>D</b>	
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Mail this application to the address provided for your State.

**FOR OFFICIAL USE ONLY**


FIRST CLASS  
STAMP  
NECESSARY  
FOR  
MAILING



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# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.										
<b>1</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV							
<b>2</b>	Home Address		Apt. or Lot #	City/Town	State	Zip Code						
<b>3</b>	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code						
<b>4</b>	Date of Birth  Month Day Year		<b>5</b>	Telephone Number (optional)	<b>6</b> ID Number - (See item 6 in the instructions for your state)							
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)		<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)								
<b>9</b>	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: <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>						Month	Day	Year
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?

<b>A</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> 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>B</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.

<b>C</b>	■ 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.		<b>NORTH</b> ↑											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Example</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Route #2</td> <td style="padding: 5px;">● Grocery Store</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;">Woodchuck Road</td> </tr> <tr> <td style="padding: 5px;">Public School ●</td> <td style="padding: 5px; text-align: right;">X</td> </tr> </table>	Example	Route #2	● Grocery Store		Woodchuck Road	Public School ●	X	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>					
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If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

<b>D</b>	
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**Mail this application to the address provided for your State.**



# State Instructions

- have been adjudged mentally incompetent. Adjudged mentally incompetent refers to a specific finding in a judicial guardianship or equivalent proceeding, based on clear and convincing evidence that the individual has a severe cognitive impairment which precludes exercise of basic voting judgment; OR
- were convicted of a felony and have not completed your sentence, OR
- were convicted of a disqualifying\* felony and have not been pardoned.

\*List of Disqualifying Felonies:

- murder or manslaughter, (except vehicular homicide);
- any felony constituting an offense against public administration involving bribery or improper influence or abuse of office, or any like offense under the laws of any state or local jurisdiction, or of the United States, or of the District of Columbia; or
- any felony constituting a sexual offense, or any like offense under the laws of any state or local jurisdiction or of the United States or of the District of Columbia.

## Mailing address:

State of Delaware  
Office of the State Election  
Commissioner  
905 S. Governors Ave., Suite 170  
Dover, DE 19904

## District of Columbia

Please visit [Dcboe.org](http://Dcboe.org) for more information.

**6. ID Number.** Federal law now requires that all voter registration applications must include either the applicant's driver's license number or the last four digits of the applicant's social security number in order to be processed.

**7. Choice of Party.** You must register with a party if you want to take part in that party's primary election, caucus, or convention.

**8. Race or Ethnic Group.** Leave blank.

**9. Signature.** To register in the District of Columbia you must:

- be a citizen of the United States
- be a District of Columbia resident at least 30 days preceding the next election
- be at least 18 years old on or preceding the next election
- not be in jail for a felony conviction
- not have been judged "mentally incompetent" by a court of law
- not claim the right to vote anywhere outside D.C.

## Mailing address:

**District of Columbia Board of Elections**  
1015 Half Street SE, Suite 750  
Washington, DC 20003

## Florida

Updated: 11-30-2011

**Registration Deadline** — 29 days before the election.

**6. ID Number.** If you have one, you must provide your Florida driver's license number or Florida identification card number. If you do not have a Florida driver's license or identification card, you must provide the last four digits of your social security number. If you have not

been issued any of these numbers, you must write the word "NONE."

**7. Choice of Party.** You must register with a party if you want to take part in that party's primary election, caucus, or convention.

**8. Race or Ethnic Group.** You are requested, but not required, to fill in this box. See the list of choices under the Application Instructions for Box 8 (on page 2).

**9. Signature.** To register in Florida you must:

- be a citizen of the United States
- be a legal resident of both the State of Florida and of the county in which you seek to be registered
- be 18 years old (you may pre-register if you are at least 16)
- not be adjudicated mentally incapacitated with respect to voting in Florida or any other State, or if you have, you must first have your voting rights restored.
- not be a convicted felon, or if you are, you must first have your civil rights restored if they were taken away.
- swear or affirm the following: "I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information in this application is true."

## Mailing address:

State of Florida  
Department of State  
Division of Elections  
The R.A. Gray Building  
500 South Bronough St, Rm 316  
Tallahassee, Florida 32399-0250