

MOISTEN 3 SIDES FOLD SEAL AND MAIL



PENNSYLVANIA VOTER REGISTRATION MAIL APPLICATION

To Register You Must:

- Be a citizen of the United States for at least one month before the next election;
- Be a resident of Pennsylvania and your election district for at least 30 days before the next election; and
- Be at least 18 years of age on the day of the next election.

www.VotesPA.com

GENERAL INSTRUCTIONS

1. Please provide all information on the application as required. Read all instructions carefully before you fill out the application.
2. If you are currently registered, you do not need to re-register unless you have moved or changed your name since you last registered.
3. In order to vote at the next election, this application must be received by your county voter registration office no later than 30 days before the election, or postmarked no later than the thirtieth day before the election. *Military electors may apply at any time.* For more information on military and overseas electors, see www.fvap.gov.
4. Write the mailing address for your county voter registration office on the reverse side of this application and place the proper postage in the designated area. Addresses for all Pennsylvania counties are listed on the back of this form.
5. You are not registered to vote until your application has been processed and accepted by the county voter registration office. If accepted, the county voter registration office will send you, via nonforwardable mail, a Voter Identification Card. If you do not receive a Voter Identification Card within 14 days of the date you submit this application, contact your county voter registration office.
6. If you decline to register to vote, your decision will remain confidential. If you register to vote, the office at which you register will remain confidential and be used for voter registration purposes only.
7. Do not use staples or duct tape.
8. Print and sign clearly in blue or black pen.

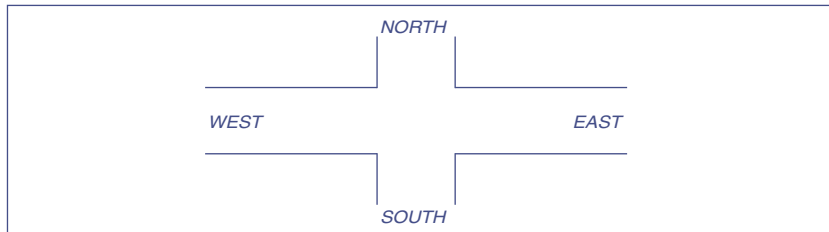
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INSTRUCTIONS FOR FILLING OUT THIS FORM (PLEASE READ CAREFULLY)

- Box 3. 3b Pennsylvania Driver's License OR Social Security Number:** You must supply a PA Driver's License Number if you have one. If you do not have a PA Driver's License Number, you must supply the last four digits of your Social Security Number. If you do not have a Social Security Number, please check the box to the right of 3b.
- Box 4. 4a Address of Residence:** Fill in your complete address of residence. **P.O. boxes may not be used here unless there is no physical address.** Print street address, city and zip code. (If the residence is only a portion of the house, include the location or number of the room, apartment or floor which is occupied.) **4b** Although providing your telephone number is optional, it is a quick and easy way for your county to contact you if there is missing information on your registration form.
- Box 4c** In Box 4c fill in the name of the municipality (**city, borough or township**) and county where you live. Use the map in the box below if you cannot otherwise identify your address.

- Box 8. Prior Registration:** If you were registered before, fill in the name used on your previous registration in Box 8a and address, county and year of previous registration in Box 8b.
- Box 10. Name of Assistant:** If the applicant is unable to complete or sign the application, the person who assisted the applicant must provide his or her name, address and signature.
- Box 11. Registration Declaration:** You must be a citizen of the United States to register to vote in the Commonwealth of Pennsylvania. Please read the registration declaration carefully. You must sign and print your name and date the application.
- Box 12.** If you were assigned a Voter Identification Number, which appears on your Voter Identification Card, place that Identification Number, if available, here. If you are applying to register to vote for the first time, leave this box blank.
- Box 13.** If you require assistance when voting, you must check the box and provide the reason.



If your address of residence listed in Box 4a has no street number or street name (for example, Schoolhouse Road or RR2 Box 3) use the box above to draw a map of where you live. Include landmarks and roads.

PENALTY FOR FALSIFYING REGISTRATION DECLARATION

WARNING: If a person signs an official registration application knowing a statement declared in the application to be false, makes a false registration, or furnishes false information, the person commits perjury. Perjury is punishable, upon conviction, by a term of imprisonment not exceeding seven years, or a fine not exceeding \$15,000, or both, at the discretion of the court. Submitting an application containing false information may also subject a person to other penalties, including loss of the right of suffrage, under state or federal law.

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PENNSYLVANIA VOTER REGISTRATION APPLICATION

1		Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you checked "No" in response to either of these questions, do not complete this form.	
2		<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party		<input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.			
3a		<input type="checkbox"/> M Last Name		First Name		Middle Name/Initial	
3b		<input type="checkbox"/> F		Jr Sr II III IV (circle if applicable)			
3b		Place PA Driver's License (DL) # here if you have one: <input type="text"/>		If no PA DL #, Place SS# (last 4 digits) here: <input type="text"/>		<input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number.	
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	
4a		Municipality where you live		County where you live		5 Mailing Address (if different than address of residence)	
4a		City		State		Zip Code	
4a		Telephone Number (Optional)		4b ()			
6		Date of Birth / /		7 Race (Optional)		8a Name on previous registration	
6		Address of previous registration (include street and city)		8b		County of previous registration	
6		Year of previous registration		9 In which party do you wish to register? <i>You must register with a party if you want to take part in that party's primary.</i>			
6		<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No affiliation <input type="checkbox"/> Other					
10		Name and signature of person who assisted in the completion of this application		Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)			
10		Address					
11		I HEREBY DECLARE THAT:		X			
11		(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 ;					
11		(2) I am legally qualified to vote.					
11		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.		Print Your Name Below ▼		Date: / /	
12		Voter Identification Number (If available - not necessary if you are registering to vote for the first time or if you do not know your number.)		<input type="text"/>			
13		Do you require assistance when voting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for assistance:			

SEAL HERE DO NOT REMOVE

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