

## Pennsylvania Voter Registration Application Form 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 to vote.
- 3. In order to vote at the next election, this application must be received by your county voter registration office 30 days before the election, or postmarked no later than the thirtieth day before the election. Military electors may apply at any time.
- 4. Print out, fill in completely, sign and date the form. Place completed application in an envelope addressed to your local county voter registration office (addresses are available on the web at <u>www.dos.state.pa.us</u>) and affix the proper postage.
- 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.

#### **IDENTIFICATION WHEN YOU VOTE**

Pennsylvania law requires that registered voters who appear to vote for the first time in an election district after December 9, 2003 must present a form of identification. If this is the first election in which you are voting in your election district, and you intend to vote by absentee ballot in an election after January 1, 2004, you may include a form of identification with this voter registration application form rather than include it with your application for an absentee ballot. A list of the acceptable forms of identification may be obtained from your county voter registration office or from the Pennsylvania Department of State at its website,

#### www.dos.state.pa.us

## INSTRUCTIONS FOR FILLING OUT THIS FORM (PLEASE READ CAREFULLY)

| Box 1. Citizenship and Age: If the answer to either question is       | Box 5. Mailing Address: Fill in your mailing address, if                    |  |  |  |  |
|---|---|--|--|--|--|
| "No," do not complete this form because you are not eligible to       | <i>different</i> from Box 4a.   |  |  |  |  |
| register to vote.   | Box 6. Date of Birth: Fill in the month, day and year of                    |  |  |  |  |
| Box 2. Application Type: Please check the appropriate box. If         | your birth.   |  |  |  |  |
| you are a Federal or State employee and wish to retain your voting    | Box 7. Race: Fill in your race (Optional).                                  |  |  |  |  |
| residence in the county where you last resided, please check the      | Box 8. Prior Registration: If you were registered before,                   |  |  |  |  |
| appropriate box.  | fill in the name used on previous registration in Box 8a and                |  |  |  |  |
| Box 3. Name, Driver's License and Social Security Number:             | address, <b>county</b> and year of previous registration in Box <b>8b</b> . |  |  |  |  |
| Print your last name, first name and middle name or initial. Circle   | Box 9. Political Party: Check block for political party or no               |  |  |  |  |
| Jr., Sr., II, III, IV if applicable. You must supply a Driver's       | affiliation. You must register with a party if you want to take             |  |  |  |  |
| License Number if you have one. If you do not have a Driver's         | part in that party's primary.   |  |  |  |  |
| License Number, you must supply the last four digits of your          | <b>Box 10.</b> If you were assigned a Voter Identification Number,          |  |  |  |  |
| Social Security Number. If you do not have a Social Security          | which appears on your Voter Identification Card, place that                 |  |  |  |  |
| Number, please write None in the boxes.                               | Identification Number here. If you are applying to register to              |  |  |  |  |
| Box 4: 4a. Address of Residence: Fill in your complete address        | vote for the first time, leave this box blank.                              |  |  |  |  |
| of residence. P.O. boxes may not be used here unless there is         | Box 11. Registration Declaration: You must be a citizen of                  |  |  |  |  |
| no physical address. Print street address, city and zip code. (If     | the United States to register to vote in the Commonwealth of                |  |  |  |  |
| the residence is only a portion of the house, include the location or | Pennsylvania. Please read the registration declaration                      |  |  |  |  |
| number of the room, apartment or floor, which is occupied.) In        | carefully. Please sign and print your name and date the                     |  |  |  |  |
| Box <b>4b</b> include your telephone number (Optional).               | application.  |  |  |  |  |
| 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           | PENALTY FOR FALSIFYING REGISTRATION   |  |  |  |  |
| below if you cannot otherwise identify your address.                  | <b>DECLARATION. WARNING:</b> If a person signs an                           |  |  |  |  |
| NORTH   | 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,                    |  |  |  |  |
| WEST EAST   | 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,                   |  |  |  |  |
| SOUTH   | including loss of the right of suffrage, under state or federal             |  |  |  |  |
| If your address of residence listed in Box 4a has no street number    | law.  |  |  |  |  |
| i jour audress of residence instea in Box fa has no subet humber      |   |  |  |  |  |

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.

**Box 12.** Name of Assistant: If the applicant is unable to sign the application, the person who assisted the applicant must provide his or her name, address and telephone number.

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## PENNSYLVANIA VOTER REGISTRATION APPLICATION

# DO NOT WRITE IN SHADED AREAS

| 1  | Are you a citizen of the United States   | of America?                 | □ Yes □ N                  |   | you checked "No"               | in respon                               | se to either o       | f these     |  |  |
|--|--|-----------------------------|----------------------------|---|--------------------------------|---|----------------------|-------------|--|--|
| T  | Will you be 18 years of age on or befo   |                             |                            | , ,   | uestions, do not con           |   |                      | n these     |  |  |
| 2  | New Registration Change of Name Change of A  |                             | I am a Federal or S        | State employee and wish                         | h to retain Place eithe        |   | ise # or Social Secu | rity # here |  |  |
| 4  | Mr Last Name   | First Name                  | □ my voting resident       | ce in the county where I<br>Middle Name/Initial | last resided.                  |   |                      |             |  |  |
| 3  | Mrs Last Name  | First Name                  |                            | Middle Name/Initial                             | Jr Sr II DL #<br>III IV OR SS# | (last 4 digits)                         |                      |             |  |  |
| 4  | Address of residence, include street and city (Use map abo   | ve if no street number or n | name) (If only P.O. box    | a, see above) Apt #                             | State Zip Code                 | 4 Te                                    | elephone Number      | (Optional)  |  |  |
| a  |  |                             |                            |   | PA                             | <u>b</u> (                              | )                    |             |  |  |
| <b>4</b><br>c  | Municipality where you live County where you live  | • 5 Mailing addres          | ess (if different than add | dress of residence)                             | City                           | St                                      | ate Zip Code         |             |  |  |
| 6  | Date of Birth <b>7</b> Race (Optional)   | <b>8</b> Name on previous   | s registration             |   | In which party of              | lo you wish t                           | to register?         |             |  |  |
| V  | / / /  | a                           |                            |   |                                | 🗌 No a                                  | ffiliation           |             |  |  |
| 8  | Address of previous registration   |                             | vious registration Ye      | ar of previous registrati                       | on Republican                  | Othe Othe                               | r (Please specify    | y):         |  |  |
| ð<br>b   |  |                             | U U                        |   |                                |   |                      |             |  |  |
| U  | Victor Identification  |                             |                            |   |                                |   | -1-) 11              |             |  |  |
| 1  | Voter Identification   |                             |                            | <b>V</b>  | nature with full nan           | 1 A A A A A A A A A A A A A A A A A A A |                      | /           |  |  |
| _  |  |                             |                            | (Piedse se                                      | e Penalty for Falsi            | lying Deci                              | iaration.)           |             |  |  |
| 1  | I HEREBY DECLARE THAT:   | and a United States         | attin on fau               |   |                                |   |                      |             |  |  |
| L  | (1)On the day of the next election I will have b<br>at least one month. I will be at least 19  |                             |                            |   |                                |   |                      |             |  |  |
|  | at least one month, I will be <b>at least 18 years of age</b> , and I will have <b>resided in Pennsylvania</b> and in my election district for at least 30 days; |                             |                            |   |                                |   |                      |             |  |  |
|  | (2)I am legally qualified to vote.   | ion district for at reast   | - 50 aujo, -               |   |                                |   |                      |             |  |  |
| 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. |  |                             |                            |   |                                |   |                      |             |  |  |
|  | Name of person who assisted in the completion of this a  | 1 / /                       |                            |   |                                |   | /                    | /           |  |  |
| 12   |  |                             | DATE OF REGISTRATION       | REGISTRAR                                       |                                | YEAR PART                               | Y AFFILIATION        |             |  |  |
| 1  | Address  |                             |                            |   |                                |   |                      |             |  |  |
| NAN  | 1E   | CITY, BORO, OR TWP.         |                            | WARD  | DISTRICT                       |   | COUNTY VOTER I.D.    | .#          |  |  |
|  |  |                             |                            |   |                                |   |                      |             |  |  |
|  |  |                             |                            |   |                                |   |                      |             |  |  |