



Director's Office

# Office of the FSM National Election

P.O. Box 1685

Kolonia, Pohnpei, FM 9694 1

Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

## APPLICATION FOR FSM VOTER IDENTIFICATION CARD

1. Full Name: \_\_\_\_\_  
*First M.I. Last*

2. Registration No. \_\_\_\_\_ 3. Sex:  M  F  
*(To be assigned by NEC office)*

4. Date of Birth: \_\_\_\_\_ 5. Place of Birth \_\_\_\_\_  
*mm/dd/yyyy*

6. Polling Place: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Village Municipality Election Dist. State*

**Optional:**

7. Hospital No. \_\_\_\_\_ 8. Social Security No. \_\_\_\_\_

***I am attaching a recent photo of myself with this application for issuance of my Voter ID Card. Photo size is Two 1 inch by 1 inch color digital photograph showing current appearance.***

**I solemnly swear, under penalty of perjury, that the foregoing information I have provided on this application is true and correct.**

*Please sign within the box below, not touching the borders:*

*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approved by Director*

\_\_\_\_\_  
*Date*

**For Official Use Only**

I certify that the above applicant is a registered voter and do hereby request issuance of FSM Voter ID Card to said FSM Citizen whose photo is attached herewith along with signed Voter ID application.

Issued by: \_\_\_\_\_  
*Election Official Date*

Voter ID Card No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

***"Smooth and Orderly Elections"***