



**VOTER REGISTRATION APPLICATION**  
**AND SWORN AFFIDAVIT**

1. Purpose of Application:  Registration to vote for the first time  
 Re-registration to vote  
 Changing State and/or Election District of registration  
 Changing name of registration

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

3. Date of Birth: \_\_\_\_\_ 5. Gender:  Male  Female

4. **Registration #.:** \_\_\_\_\_ **SS #.:** \_\_\_\_\_ **Hosp. #.** \_\_\_\_\_

5. Place of Registration: \_\_\_\_\_  
*Village* *Municipality* *ED #:* *State*

6. Mailing Address: \_\_\_\_\_  
*P. O. Box # or Street No.* *City/Village* *State* *Zip Code*

7. I have previously registered to vote in the FSM:  Yes  No  
 If yes, please list prior place of registration (continue on back of page if more than one)

\_\_\_\_\_  
*Village* *Municipality* *ED #* *State*

9. I am a citizen of the FSM:  Yes  No

10. I have resided in the State and Election District in which I wish to register since \_\_\_\_\_

11. I am currently under parole, probation or sentence for any felony for which I have been convicted by any court of the FSM:  Yes  No

12. I am currently under a judgment of mental incompetency or insanity:  Yes  No

**VOTER REGISTRATION AND IDENTIFICATION CARD:**

**I hereby request to be issued Voter Identification Card in the above name.**  **Yes**  **No**

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

← **Applicant's Signature**

\_\_\_\_\_  
 Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
 Name of Election Official (please print)

\_\_\_\_\_  
 Signature of Election Official