



Director's Office

Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941

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: _____ Date _____
Election Official

Voter ID Card No: _____

Date Issued: _____ Date Expires: _____

"Smooth and Orderly Elections"