



Director's Office

# Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941

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## VOTER REGISTRATION APPLICATION AND SWORN AFFIDAVIT

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

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

3. Date of Birth: \_\_\_\_\_

4. Gender:  Male  Female 5. SS #: \_\_\_\_\_ Hosp. #: \_\_\_\_\_

6. Polling Place: \_\_\_\_\_  
*Village* *Municipality* *ED #:* *State*

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

8. 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*

Under the name of: \_\_\_\_\_

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 IDENTIFICATION CARD:

I hereby request to be issued Voter Identification Card in the above name.  Yes  No  
If yes, attach a current passport size 2" x 2" photo

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

Applicant must submit one of the following as proof of identification:

(1) Passport (2) Driver's License (3) Birth Certificate or (4) Baptismal Certificate

FOR OFFICIAL USE ONLY

Registration #: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Election Official (Print)

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

*"Smooth and orderly elections"*