

To Register You Must:

MAIL APPLICATION

PENNSYLVANIA VOTER REGISTRATION

- Be a citizen of the United States for at least one month before the next election;
- Be a resident of Pennsylvania and your election district for at least 30 days before the next election;
- Be at least 18 years of age on the day of the next election.

www.dos.state.pa.us

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
- 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. Write the mailing address for your county voter registration office on the reverse side of this application and place the proper postage in the designated area. Addresses for all Pennsylvania counties are listed inside.
- 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.

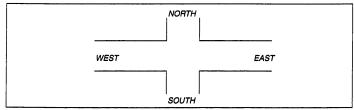
IDENTIFICATION WHEN YOU VOTE

Pennsylvania law requires that registered voters who appear in person to vote for the first time in an election district after December 9, 2003. must present a form of identification. If you are voting for the first time in your county, and you intend to vote by absentee ballot, please include a copy of a form of identification with this voter registration mail application. Otherwise, you will be required by federal law to include a copy of a form of identification with your absentee ballot. (For information on the acceptable forms of identification and the exemptions to these identification requirements, please contact the voter registration commission in your county of resident.)

INSTRUCTIONS FOR FILLING OUT THIS FORM (PLEASE READ CAREFULLY)

- Box 1. Citizenship and Age: If the answer to either question is "No," do not complete this form because you are not eligible to register to vote.
- Application Type: Please check the appropriate box. If you are a Federal or State employee and wish to retain your voting residence in the county Box 2. where you last resided, please check the appropriate box.
- Box 3. Name, Pennsylvania Driver's License and Social Security Number: Print your last name, first name and middle name or initial. Circle Jr., Sr., II, III, IV if applicable. You must supply a PA Driver's License Number if you have one. If you do not have a PA Driver's License Number, you must supply the last four digits of your Social Security Number. If you do not have a Social Number, please write None in the boxes
- Box 4. 4a Address of Residence: Fill in your complete address of residence. P.O. boxes may not be used here unless there is no physical address. Print street address, city and zip code. (If the residence is only a portion of the house. Include the location or number of the room, apartment or floor which is occupied.) In box 4b include your telephone number (Optional).

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 below if you cannot otherwise identify your address.



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

- Box 5. Mailing Address: Fill in your mailing address, if different from Box 4a.
- Date of Birth: Fill in the month, day and year of your birth.
- Race: Fill in your race (Optional). Box 7.
 - Prior Registration: If you were registered before, fill in the name used on your previous registration in Box 8a and address, county and year of pre-
- vious registration in Box 8b.

 Political Party: Check block for political party or no affiliation. You must register with a party if you want to take part in that party's primary. Box 9.
- 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 signature.
- **Box 11.** Registration Declaration: You must be a citizen of the United States to register to vote in the Commonwealth of Pennsylvania. Please read the registration declaration carefully. Please sign and print your name and date application.
- Box 12. If you were assigned a Voter Identification Number, which appears on your Voter Identification Card, place that Identification Number, if available, here. If you are applying to register to vote for the first time, leave this box blank.

PENALTY FOR FALSIFYING REGISTRATION DECLARATION

WARNING: If a person signs an 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, 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, including loss of the right of suffrage, under state or federal law.

PENNSYLVANIA VOTER REGISTRATION APPLICATION

DO NOT WRITE IN SHADED AREAS

Are you a citizen of the United States of America? Will you be 18 years of age on or before election day? Yes \(\subseteq No \) If you checked "No" in response to eit questions, do not complete this form.												er of thes		
2	Г	New Registration	of Name	of Party I am a Federal or State employee and					d wish to retain Place PA Driver's License (DL) # here					
3	М	Last Name	my roung residence in the c				me/Initial	DL#	.#					
5	М	irs iiss						Jr Sr II III IV	If no PA DL#, p	place SS# (las	st 4 digits)			
4	A	ddress of residence, include stre	et and city (Use map above if n	o street nui	mber or na	ber or name) (If only P.O. box, see above				State Zip Cox	de	1.7	Telephone Num	ber (Optiona
4	M	funicipality where you live	County where you live	∠ Maili	ing Addres	ss (if differen	t than ad	dress of resid		City		b	State Zin Code	
c			,	5 Maili	ang radua	w (m ameren	t thun the	ucos Or Ican	actice)	City			State Zip Code	
6	D	ate of Birth	Race (Optional)	Name on	previous	registration				Q In wh	nich party do	you wisl	h to register?	
		_ / /	a	1							Democratic			
8	Α	ddress of previous registration		Coun	ty of prev	ious registrati	ion Ye	ar of previous	s registration	n 1 —	Republican	. Cnasifi	١.	
b						1				☐ Other (Please Specify): ☐ No affiliation				
1	Name and signature of person who assisted in the completion of this appl					lication Plu				Place signature with full name (or mark) below				
1	Address						(Please see Penalty for Falsifying Declaration							•
L	_													
11 I HEREBY DECIARE THAT: (1) On the day of the next election I will have been a United States citizen for														
(1) On the day of the next election I will have been a United States citizen for at least one month. I will be at least 18 years of age, and I will have														
		resided in Pennsylva	unia and in my election di	strict for	at least 3	30 days;	^							
١.	M	(2)I am legally qualified to												
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П	ate	erially false statement, I wil	l be subject to penalties fo	r perjury.			<u> </u>							
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F		(If Available)					4.125							
l _H	eq	uires assistance:	Rea	son for a	assistance: F COUNTY VOTER REGISTRATION OFFICES the County Voter Registration Office in the proper area on the reverse side of this form.									
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		To mail (l	his application, write the ad		ie County	v Voter Regi		Office in t	he proper	area on the	reverse side (of this for	m.	
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(7	17)	YSBURG PA 17325-2312 337-9832	PO BOX 2747 WEST CHESTER PA 19380-09 (610) 344-6410	90	(717) 485		A 1/233	(7	MERCER PA 1 724) 662-3800	EXT 2240	1	(570) 946-5		
54	2 F	SHENY COUNTY ORBES AVE STE 604 BURGH PA 15219-2953	CLARION COUNTY 421 MAIN ST		93 E HIG	COUNTY H ST RM 102 BURG PA 153	70	N 21	IIFFLIN COU 0 N WAYNE S EWISTOWN I	NTY ST PA 17044		PO BOX 21	ANNA COUNTY 18 MAPLE ST E PA 18801-0218	
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(72	24) 2	284-5308	300 CENTER ST PO BOX 448 RIDGWAY PA 15853-0448 (814) 776-5337		(717) 274	-2801 EXT 442		(5	70) 296-3426		((570) 996-2	226	
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FRANKLIN COUNTY 157 LINCOLN WAY EAST CHAMBERSBURG PA 17201-2211 (717) 261-3886

If you are interested in becoming a poll worker, contact your county voter registration office.