

# Application Instructions

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer no to either of these questions, you may not use this form to register to vote. However, state specific instructions may provide additional information on eligibility to register to vote prior to age 18.

## Box 1 — Name

Put in this box your full name in this order — Last, First, Middle. Do not use nicknames or initials.

*Note:* If this application is for a change of name, please tell us in **Box A** (on the bottom half of the form) your full name before you changed it.

## Box 2 — Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number. Refer to state-specific instructions for rules regarding use of route numbers.

*Note:* If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (on the bottom half of the form) the address where you were registered before. Please give us as much of the address as you can remember.

*Also Note:* If you live in a rural area but do not have a street address, or if you have no address, please show where you live using the map in **Box C** (at the bottom of the form).

## Box 3 — Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box. If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

## Box 4 — Date of Birth

Put in this box your date of birth in this order — Month, Day, Year. *Be careful not to use today's date!*

## Box 5 — Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in this box.

## Box 6 — ID Number

Federal law requires that states collect from each registrant an identification number. You must refer to your state's specific instructions for item 6 regarding information on what number is acceptable for your state. If you have neither a drivers license nor a social security number, please indicate this on the form and a number will be assigned to you by your state.

## Box 7 — Choice of Party

In some States, you must register with a party if you want to take part in that party's primary election, caucus, or convention. To find out if your State requires this, see item 7 in the instructions under your State.

If you want to register with a party, print in the box the full name of the party of your choice.

If you do **not** want to register with a party, write "no party" or leave the box blank. Do **not** write in the word "independent" if you mean "no party," because this might be confused with the name of a political party in your State.

*Note:* If you do not register with a party, you can still vote in general elections and nonpartisan (nonparty) primary elections.

## Box 8 — Race or Ethnic Group

A few States ask for your race or ethnic group, in order to administer the Federal Voting Rights Act. To find out if your State asks for this information, see item 8 in the instructions under your State. If so, put in Box 8 the choice that best describes you from the list below:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, *not of* Hispanic Origin
- Hispanic
- Multi-racial
- White, *not of* Hispanic Origin
- Other

## Box 9 — Signature

Review the information in item 9 in the instructions under your State. Before you sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand **all** of Box 9.

Finally, sign your **full** name or make your mark, and print today's date in this order — Month, Day, Year. If the applicant is unable to sign, put in **Box D** the name, address, and telephone number (optional) of the person who helped the applicant.

# Voter Registration Application

**Before completing this form, review the General, Application, and State specific instructions.**

Are you a citizen of the United States of America? Will you be 18 years old on or before election day? If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)				This space for office use only.							
<b>1</b>	Last Name	First Name	Middle Name(s)								
<b>2</b>	Home Address	Apt. or Lot #	City/Town	State	Zip Code						
<b>3</b>	Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code						
<b>4</b>	Date of Birth  _____ Month    Day    Year	<b>5</b>	Telephone Number (optional)	<b>6</b> ID Number - (See Item 6 in the instructions for your state)							
<b>7</b>	Choice of Party <small>(see Item 7 in the instructions for your State)</small>	<b>8</b>	Race or Ethnic Group <small>(see Item 8 in the instructions for your State)</small>								
<b>9</b>	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.</li> </ul>			Please sign full name (or put mark) ▲ _____ Date: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px;"> <tr> <td style="width: 33px; height: 20px;">/</td> <td style="width: 33px; height: 20px;">/</td> <td style="width: 84px; height: 20px;">/</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table>		/	/	/	Month	Day	Year
/	/	/									
Month	Day	Year									

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

<b>A</b>	Last Name	First Name	Middle Name(s)	
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an <b>X</b> to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	NORTH ↑								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 5px;">                     Example                      _____                 </td> <td style="width: 5%; text-align: center; vertical-align: middle;">Route #2</td> <td style="width: 75%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Public School ●</td> <td style="width: 50%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Grocery Store</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">X</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">Woodchuck Road</td> </tr> </table> </td> </tr> </table> </td> </tr> </table>	Example _____	Route #2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Public School ●</td> <td style="width: 50%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Grocery Store</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">X</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">Woodchuck Road</td> </tr> </table> </td> </tr> </table>	Public School ●	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Grocery Store</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">X</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px; text-align: center;">Woodchuck Road</td> </tr> </table>	Grocery Store	X	Woodchuck Road	
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If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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**Mail this application to the address provided for your State.**  
**City of Attleboro - 77 Park Street - Attleboro, MA 02703**