

▼ PENNSYLVANIA VOTER REGISTRATION APPLICATION ▼

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|----------------------|---|-----------------------|---|--|--|
| 1 | Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No | | } | If you checked "No" in response to either of these questions, do not complete this form. | |
| 2 | <input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party | | | | <input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided. |
| 3 <i>a</i> | <input type="checkbox"/> M Last Name <input type="checkbox"/> F | First Name | | Middle Name/Initial | Jr Sr II III IV (circle if applicable) |
| 3 <i>b</i> | Place PA Driver's License (DL) # here if you have one: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | If no PA DL #, Place SS# (last 4 digits) here: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number. |
| 4 <i>a</i> | Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above) | | | | Telephone Number (Optional) () () () () |
| 4 <i>c</i> | Municipality where you live | County where you live | 5 Mailing Address (if different than address of residence) | | City State Zip Code PA |
| 6 | Date of Birth / / | 7 | Race (Optional) | 8 <i>a</i> | Name on previous registration Address of previous registration (include street and city) |
| 9 | In which party do you wish to register? <i>You must register with a party if you want to take part in that party's primary.</i> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No affiliation <input type="checkbox"/> Other _____ | | | | 8 <i>b</i> County of previous registration Year of previous registration |
| 10 | Name and signature of person who assisted in the completion of this application | | Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.) ▼ ▼ | | |
| 11 | Address | | | | |
| 11 | I HEREBY DECLARE THAT: (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 Pennsylvania and in my election district for at least 30 days ; (2) I am legally qualified to vote. | | | | X |
| | | | | AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury. | |
| 12 | Voter Identification Number (If available - not necessary if you are registering to vote for the first time or if you do not know your number.) | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 13 | Do you require assistance when voting? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for assistance: | | |