

# 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? Yes No		Will you be 18 years old on or before election day? Yes No		This space for office use only.					
<p style="color: red; margin: 0;"><b>If you checked "No" in response to either of these questions, do not complete form.</b></p> <p style="font-size: small; margin: 0;">(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)</p>									
<b>1</b>	Mr. Miss Mrs. Ms.	Last Name		First Name		Middle Name(s)		Jr Sr	II III IV
<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		<b>5</b>	Telephone Number (optional)		<b>6</b>			
	Month	Day							
<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>	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <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>				<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <p style="text-align: center; margin: 0;">Please sign full name (or put mark) ▲</p> <p>Date: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p style="text-align: center; font-size: small; margin: 0;">Month                  Day                  Year</p>				

**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>	Mr. Miss Mrs. Ms.	Last Name		First Name		Middle Name(s)		Jr Sr	II III IV
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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 X 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>		<b>NORTH</b> ↑		
	<p style="font-size: x-small; margin: 0;">Example</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: x-small; margin: 0;">Public School ●</p>	Route #2	<p style="text-align: center; margin: 0;">● Grocery Store</p> <p style="text-align: center; margin: 0;">Woodchuck Road</p> <p style="text-align: right; margin: 0; font-size: 2em;">X</p>		

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

<b>D</b>	
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Mail this application to the address provided for your State.

Douglas County Election Office

1100 Massachusetts Street      Lawrence KS 66044  
785-832-5267      elections@douglascountyks.org