

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 | | If you checked "No" in response to either of these questions, do not complete this form. | |
| | Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 a | <input type="checkbox"/> M Last Name <input type="checkbox"/> F | First Name | Middle Name/Initial | Jr Sr II III IV (circle if applicable) |
| 3 b | Place PA Driver's License (DL) # here if you have one: <input type="text"/> | If no PA DL #, Place SS# (last 4 digits) here: <input type="text"/> | <input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number. | |
| 4 a | Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above) | | | Apt # State Zip Code |
| | | | | 4 b Telephone Number (Optional) () () () () () () |
| 4 c | Municipality where you live | County where you live | 5 Mailing Address (if different than address of residence) | |
| | | | City | State Zip Code |
| 6 | Date of Birth / / | 7 Race (Optional) | 8 a Name on previous registration | |
| | | | 8 b Address of previous registration (include street and city) | |
| 9 | In which party do you wish to register? You must register with a party if you want to take part in that party's primary. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No affiliation <input type="checkbox"/> Other _____ | | | 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.) ▼ | |
| | Address | | <div style="font-size: 4em; font-weight: bold; margin: 0;">X</div> | |
| 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. 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: | | |

- For more information on voting, please visit our educational web site: www.VotesPA.com.
- If you do not receive your voter ID card in the mail within two weeks, call your county voter registration office or our toll-free hotline 1-877-VOTESPA (1-877-868-3772).
- If you are interested in becoming a poll worker or a bilingual interpreter on Election Day, please check the boxes. Your county voter registration office will contact you.
 - I would like to be a poll worker on Election Day
 - I would like to be a bilingual interpreter on Election Day
 Specify Language: _____
- Although providing your e-mail address is optional, it is a quick and easy way for your county voter registration office to contact you in case there is missing information on your registration form: _____

IDENTIFICATION WHEN YOU VOTE

Pennsylvania law requires that registered voters who appear in person to vote for the first time in an election district must present a form of identification. If you are voting for the first time in Pennsylvania, and you intend to vote by absentee ballot in a federal election, 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 residence.)