

Pennsylvania Voter Registration Application

Print your name 1 Last name _____ Jr Sr II III IV (circle if applicable)
 First name _____ Middle name or initial _____

Eligibility 2 Are you a citizen of the U.S.? Yes No
 Will you be 18 years or older on or before election day? Yes No

Reason 3 New registration Change of name Change of address
 Change of party Federal or State employee registering in county of last residence

About you 4 Birth date | M M / D D / Y Y Y Y Sex M F Race (optional) _____
 Phone _____ Email _____

Your address 5 Address (not P.O. Box) _____ Apt. number _____
 City/Town _____ State PA Zip Code _____
 Municipality _____ County _____
 I do not have a street address or permanent residence (use map on back)

The address where you receive mail 6 Same as above Address or P.O. Box _____
 City/Town _____ State _____ Zip Code _____

Identification 7 PA driver's license or PennDOT ID card number _____
 Last four digits of your Social Security number X X X - X X - _____
 I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Political party 8 Democratic Republican Other: _____ (None) No Affiliation

Voting assistance 9 I require help to vote. I need this kind of assistance: _____
 I require language help. My preferred language is: _____

If your name or address has changed 10 Name on previous registration _____
 Full previous address and county _____
 PA Voter No. (if available) _____ Year _____

Declaration 11 **I declare that:**
 • I am a United States citizen and will have been a citizen for at least 30 days on the day of the next election.
 • I will be at least 18 years old on the day of the next election.
 • I will have lived at the same address in Section 5 for at least 30 days before the election.
 • I am legally qualified to vote.
 I affirm that this information is true. I understand that this declaration is the same as an affidavit, and, if this information is not true, I can be convicted of perjury, and fined up to \$15,000, jailed for up to seven years, or both.

Signature or mark _____
 Print name _____
 Today's date | M M / D D / Y Y Y Y _____

Help with this form 12 Name of assistant _____
 Address _____
 Phone _____ Signature of assistant _____

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