



VOTER REGISTRATION APPLICATION
AND SWORN AFFIDAVIT

1. Purpose of Application: Registration to vote for the first time
 Re-registration to vote
 Changing State and/or Election District of registration
 Changing name of registration

2. Full Name: _____
First *M.I.* *Last*

3. Date of Birth: _____ 5. Gender: Male Female

4. **Registration #.:** _____ **SS #.:** _____ **Hosp. #.** _____

5. Current Place of Residence: _____
Village *Municipality* *ED #:* *State*

6. Mailing Address: _____
P. O. Box # or Street No. *City/Village* *State* *Zip Code*

7. I have previously registered to vote in the FSM: Yes No
 If yes, please list prior place of registration (continue on back of page if more than one)

Village *Municipality* *ED #* *State*

9. I am a citizen of the FSM: Yes No

10. I have resided in the State and Election District in which I wish to register since _____

11. I am currently under parole, probation or sentence for any felony for which I have been convicted by any court of the FSM: Yes No

12. I am currently under a judgment of mental incompetency or insanity: Yes No

VOTER REGISTRATION AND IDENTIFICATION CARD:

I hereby request to be issued Voter Identification Card in the above name. **Yes** **No**

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this application is true and correct.

← **Applicant's Signature**

 Date

Subscribed and sworn before me this _____ day of _____, _____
Month Year

 Name of Election Official (please print)

 Signature of Election Official