

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old 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 form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.	
1	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Name(s) <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV
2	Home Address	Apt. or Lot #	City/Town State Zip Code
3	Address Where You Get Your Mail If Different From Above		City/Town State Zip Code
4	Date of Birth Month Day Year	5 Telephone Number (optional)	6 JD Number - (See Item 6 in the Instructions for your state)
7	Choice of Party (see Item 7 in the Instructions for your State)	8 Race or Ethnic Group (see Item 8 in the Instructions for your State)	
9	I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> 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.		Please sign full name (or put mark) ^ Date: _____ Month Day Year

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?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Name(s) <input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> 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	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.

C	<ul style="list-style-type: none"> Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 	NORTH ↑			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Example</td> <td style="width: 10%; text-align: center;">Route #2</td> <td style="width: 70%;"> <ul style="list-style-type: none"> ● Grocery Store Woodchuck Road Public School ● <li style="text-align: right;">X </td> </tr> </table>	Example	Route #2	<ul style="list-style-type: none"> ● Grocery Store Woodchuck Road Public School ● <li style="text-align: right;">X 	
Example	Route #2	<ul style="list-style-type: none"> ● Grocery Store Woodchuck Road Public School ● <li style="text-align: right;">X 			

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

D	
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Mail this application to the address provided for your State.

Federal Voter Registration Form Application Instructions

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer NO to either of these questions, you may not use this form to register to vote. In Indiana, a registrant can be 17 years old (and vote in the primary election, if properly registered) as long as their birthday is on or before the date of November's general election (IC 3-7-13-2). The registration deadline in Indiana is 29 days before each election. Please use ink to complete this form.

Box 1 — Name

Put in this box your full name in this order — Last, First, Middle. Do not use nicknames or initials.

Note: If this application is for a change of name, please tell us in **Box A** (on the bottom half of the form) your full name before you changed it.

Box 2 — Home Address

Put in this box your home address (legal address). Do not put your mailing address here if it is different from your home address. Do not use a post office box or rural route without a box number.

Note: If you were registered before but this is the first time you are registering from the address in Box 2, please tell us in **Box B** (on the bottom half of the form) the address where you were registered before. Please give us as much of the address as you can remember.

Also Note: If you live in a rural area but do not have a street address, or if you have no address, please show where you live using the map in **Box C** (at the bottom of the form).

Box 3 — Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box. If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

Box 4 — Date of Birth

Put in this box your date of birth in this order — Month, Day, Year. *Be careful not to use today's date!*

Box 5 — Telephone Number

Indiana does ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in this box.

Box 6 — ID Number

In Indiana, your state voter ID number is your ten digit Indiana issued driver's license number. If you do not possess an Indiana driver's license then provide the last four digits of your social security number. Please indicate which number was provided.

If you have neither a driver's license nor a social security number, please indicate this on the form and a number will be assigned to you by your state.

Box 7 — Choice of Party

In Indiana, leave this box blank.

Box 8 — Race or Ethnic Group

In Indiana, leave this box blank.

Box 9 — Signature

In Indiana, to register to vote you must:

- be a citizen of the United States
- have resided in the precinct at least 30 days before the next election
- be at least 18 years of age on the day of the next general election
- not currently be in jail for a criminal conviction

Before you sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand **all** of Box 9.

Finally, sign your **full** name or make your mark, and print today's date in this order — Month, Day, Year. If the applicant is unable to sign, put in Box D the name, address, and telephone number (optional) of the person who helped the applicant.

Indiana registration forms cannot be faxed or e-mailed. Applications can be hand delivered or mailed to your county's Voter Registration Office or to the Indiana Election Division on or before Indiana's registration deadline.

Monroe County Residents:

Monroe County Voter Registration
401 W 7th Street, Suite 100
Bloomington, IN 47404
(812) 349-2690

All Indiana Residents:

Indiana Election Division
302 W Washington Street, Room E-204
Indianapolis, IN 46204
(317) 232-3939 or (800) 622-4941