

Voter Registration Application		<input type="radio"/> Submitted by Mail <small>(Office Use Only)</small>
Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>		SVRS ID # <small>(Office Use Only)</small>
General Instructions: Please Review Fully		
Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate. Return completed form to municipal clerk. This document can be made available in accessible formats to persons with disabilities, upon request. NOTE: If this is a change of address, then upon completion of this application, your voting rights will be canceled at your previous residence. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide identification with this application. If you do not provide identification with this application, you will be asked for identification the first time that you vote. Please see reverse side for a list of acceptable forms of identification.		
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change	Municipality <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City County
2	Wisconsin Driver License/ID Number - - - - - Social Security Number - Last Four Digits (if no license/ID number) X X X - X X -	<input type="radio"/> I have neither a WI Driver License/ ID nor a Social Security Number.
3	Last Name _____ Suffix (e.g. Jr, II, etc.) _____ First Name _____ Middle Name _____ Date of Birth (MM/DD/YYYY) / / _____	
4	Current Residence Address: Street Number & Name _____ Apt. Number _____ City _____ State _____ ZIP + 4 _____ - _____	
5	Mailing Address: Street Number & Name _____ Apt. Number _____ City _____ State & ZIP + 4 _____ - _____	
6	Previous Last Name _____ Suffix (e.g. Jr, II, etc.) _____ First Name _____ Middle Name _____ Address: Street Number & Name _____ Apt. Number _____ City _____ State & ZIP + 4 _____ - _____	
8	Please answer the following questions by filling in "Yes" or "No": 1. Are you a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No 2. Will you be 18 years of age on or before election? <input type="radio"/> Yes <input type="radio"/> No If you filled in 'No' in response to EITHER of these questions, do <u>not</u> complete this form.	
9	<input type="radio"/> I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the above residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. <u>If completed on election day</u> , I further certify that I have not voted at this election. (Please fill in circle)	
10	Corroborating Witness/ Assistant Signature X	Corroborating Witness/ Assistant Address _____
11	Elector Telephone Number _____ _____ _____ _____	<input type="radio"/> I am interested in being a poll worker.
Accommodation needed at poll location (e.g. wheelchair access): _____		
12	If you do not have a street number or if you have no address, please use the map to show where you live: > Write 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 where you live and write the name of the landmark.	
Signature of Elector X		Date (MM/DD/YYYY) _____ / _____ / _____ <small>Official Use Only: Election Day Voter #</small>
<small>Official Use Only: Proof of Residence/ID:</small>		<small>Official Use Only: Proof #:</small>
<small>Official's Signature (election official, or special registration deputy (with ID number))</small>	<small>Official Use Only:</small>	<small>Ward Sch. Dist. Alder. Cty. Supr. Ct. of App. Assembly St. Senate Congress Other</small>