

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 If you answer "No" to either question, you cannot register to vote.	2	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Will you be 18 years or older on or before Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason	3	<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"/> Federal or State employee registering in county of last residence

About you Phone and email are optional and may be used to contact you about important information.	4	Birth date (required) _____ Race _____
		Phone _____ Email _____
		Gender <input type="checkbox"/> Female (F) <input type="checkbox"/> Male (M) <input type="checkbox"/> Non-Binary / Other (X)

Your address If you do not have a street address or a permanent residence, use the map on the back. <i>Students, see instructions.</i>	5	Address (not P.O. Box) <u>610 King of Prussia Rd, VU Box 1234</u> Apt. number <u>Francesca Hall</u>
		City/Town <u>Wayne</u> State <u>PA</u> Zip Code <u>19087</u>
		Municipality _____ County _____

I do not have a street address or permanent residence (use map on back)

The address where you receive mail	6	<input type="checkbox"/> Same as above Address or P.O. Box _____
		City/Town _____ State _____ Zip _____

Identification If you have a PennDOT number, you must use it. If not, please provide the last four digits of your Social Security number. See <i>Verifying your identity.</i>	7	PennDOT driver's license or ID card number _____
		Last four digits of your Social Security number x x x - x x -
		<input type="checkbox"/> I do not have a Pennsylvania driver's license or a Social Security number

Political party To vote in a primary, you must register with either the Democratic or Republican party.	8	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Green <input type="checkbox"/> Libertarian <input type="checkbox"/> None (no affiliation)
		<input type="checkbox"/> Other _____

Voting assistance	9	<input type="checkbox"/> I require help to vote. I need this kind of assistance: _____
		<input type="checkbox"/> I require language help. My preferred language is: _____

If your name or address has changed Skip if this is the first time you are registering to vote.	10	Name on previous registration _____
		Full previous address and county _____
		PA Voter No. (if available) _____ Year _____
		<input type="checkbox"/> Transfer my Annual Ballot Request (By checking the box, you are requesting that you continue to maintain your annual ballot request status when updating your address.)

Declaration and signature	11	I declare that:	Signature or mark _____
		<ul style="list-style-type: none"> 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 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 7 years, or both.	

Print your name _____

Today's date | M | M | / | D | D | / | Y | Y | Y | Y |

Help with this form Fill in if someone helped you with this form or witnessed you make a mark for your signature.	12	Name of assistant _____
		Address _____
		Phone _____ Signature of assistant _____