

Instructions for Indiana – Federal Form

Adapted from the Bloomington and Monroe County League of Women Voters webpage

Entire form and instructions at US federal government website:

http://www.eac.gov/assets/1/Documents/Federal_Voter_Registration_6-25-14_ENG.pdf

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

If you have no permanent residence, print "None" here and go to BOX C below

Full first name required (no initials)

This is the mailing address where you will receive your voter registration card. It does NOT need to be the address where you reside.

Print your Indiana driver's license number
—or—
your Indiana State ID number
—or—
ONLY THE LAST FOUR DIGITS of your Social Security number here.

Are you a citizen of the United States of America? Yes No
 Will you be 18 years old on or before election day? Yes No
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.

Mr. Miss Last Name First Name Middle Name(s) Jr II Sr III 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 **5** Telephone Number (optional) **6** ID Number - (See item 6 in the instructions for your state)

7 Choice of Party (see instructions) Race or Ethnic Group (see instructions for your State)
NOT REQUIRED – LEAVE BOXES 7 & 8 BLANK

9 I have reviewed my state's instructions and I swear/affirm that:
 ■ I am a United States citizen
 ■ I meet the eligibility requirements of my state and subscribe to any oath required.
 ■ 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 Mr. Miss Last Name First Name Middle Name(s) Jr II Sr III IV

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

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 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.

Example: _____

 Public School ● _____ X

Route # 2 ● Grocery Store
 Woodchuck Road

NORTH ↑

"Where you live" means where you normally sleep.

If you are the resident at a shelter, you may use the shelter's street address as your Home Address in BOX 2 above

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 _____

Mail this application to the address provided for your State.

Mail this form to:
 Voter Registration Office
 401 W. 7th St., Suite 100
 Bloomington, IN 47404

Questions? mcpl.info/vote/faq