

VOTER REGISTRATION

1.	What is Your Full Name?	Last	First	Middle	_ Male Female	
2.	Where Do You Live?	Number	Street	,	Apt. #	
			IN			
		City	State	7	Zip Code	
			County			
3.	When Were You Born?	/// Month Day Yea	What is Your ar Telephone Number? ()		
4.	 I swear or affirm that: I am a citizen of the United States I meet the required age for voting I will have lived in my precinct for at least 30 days before the next election I am not currently in prison after being convicted of a crime All the above information and all other statements on this form are true I understand that if I sign this statement knowing that it is not true I am committing perjury and can be punished. 					
5.					1 1	
	Signature of Applicant			Date: Month Day Year		