

Voter Registration Form

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| Last Name <i>(Please Print Clearly)</i> | First Name | Middle Name | Enter Idaho Driver's License # DL # <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></table> |
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WARNING: ANY ELECTOR WHO SUPPLIES ANY INFORMATION KNOWING IT TO BE FALSE, IS GUILTY OF PERJURY. Perjury is punishable by imprisonment in the state prison for not less than 1 or more than 14 years. In addition the court may impose a fine of up to \$5,000.

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| Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be 18 years of age on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> | If you checked 'no' in response to either of these questions, do not complete this form. |
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| Residence Address (Do Not Use P.O. Box or Business Address) (If no street address, describe location of residence: cross streets, section, township, range, etc.) | Social Security # <table style="display: inline-table; border: 1px solid black; width: 100px; height: 20px; vertical-align: middle;"></table> I have not been issued an Idaho DL# or S.S.# <input type="checkbox"/> |
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| Mailing address if different from above | Residence in Idaho Yrs. ___ Months ___ Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____ \ _____ \ _____ month \ day \ year |
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| Address where previously registered | Telephone Number (Optional) _____ |
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| Previous Name <input type="checkbox"/> Check box if name change | FOR OFFICIAL USE ONLY Precinct Data: _____ County _____ City _____ Deputy Clerk _____ Date Received _____ |
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DO YOU HAVE ANY LEGAL DISQUALIFICATIONS? YES NO *(Idaho felons rights are restored upon completion of full sentence)*

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| UNDER PENALTY OF LAW: By signing this card, I certify that I am a citizen of the United States and that I shall have been a resident of Idaho and the county for 30 days before the next election at which I vote; that I am at least 18 years of age; and I declare under oath or affirmation that the information supplied herein is true. | Signature - Sign on line below. X _____ Date of Signature _____ \ _____ \ _____ month \ day \ year |
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