

State of Michigan Voter Registration Application

and Michigan Driver License/Personal Identification Card Address Change Form

1 answer

Are you a citizen of the United States of America? Yes No

Will you be 18 years of age on or before election day? Yes No

► If you responded *No* to either of these questions, do **NOT** complete this form.

2 complete application

Last Name

First Name

Middle Name

Address where you live — house number and street/road

Apt. No./Lot No.

City

Zip Code

Telephone optional

MI

If you do not have a house or street address, describe location where you live — cross streets or roads, landmarks, etc.

City or Township where you live

County where you live

School District if known

Mailing Address if different For use on Driver License/Personal ID and Voter Registration For use on Voter Registration only

Date of Birth

Male Female

ID Number check applicable box and provide appropriate number

I have a state issued driver license or personal ID card # _____ State _____

I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are _____

I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.

An ID number will be assigned to you for voter registration purposes.

Are you still registered to vote at your last address? Yes No Don't Know If "Yes" or "Don't Know" enter previous address

Previous Street Address

City or Township of County

State

Zip Code Registered under name of if different than above

3 read, sign and date

I certify that:

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- 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 subject to a fine or imprisonment or both under federal or state laws.

X

Signature of Applicant

Date

X

Signature of Applicant

Date

Sign and date both spaces provided above.

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.