

COUNTY OF _____ REGISTRATION OF VOTERS

842

Last Name (Print)		First Name (Print)	Middle Name or Initial	Affiliation	Dist.	Prec.		
Street Address		Post Office	Zip Code	Term of Residence				
				Precinct	County	State		
Nativity (Where Born)		Date Naturalized		Court of Naturalization		Date of Birth	Age	
		Day	Month	Year		Year	Month	Day
Qualified Yes___ No___	Why Disqualified	Disqualifying Criminal Offense		Challenged	Sex	Date of Registration		
						Year	Month	Day

LAWS OF MARYLAND

I do solemnly swear (or affirm) that the information set forth hereon about my place of residence, name, place of birth, criminal offenses, qualifications as a voter, and my right to register and vote under the laws of this State is true. _____ Signature of Applicant	_____ Cannot Sign	If applicant cannot sign Height _____ Eye Color _____ Distinguishing Marks: _____	_____ Signature of Registrar
	_____ Mark		_____ Signature of Registrar

Voting Record (When Elector votes, record letter "V": in proper Space)

Year	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00		
Special																																					
Primary																																					
General																																					

(Registrar—Do Not Write Below)

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