

COUNTY OF _____ REGISTRATION OF VOTERS

Last Name (Print)		First Name (Print)		Middle Name or Initial		Affiliation		Dist.		Prec.	
Street Address		Post Office		Zip Code		Term of Residence		County		State	
Nativity (Where Born)		Date Naturalized		Court of Naturalization		Date of Birth		Year		Age	
		Day		Month		Year		Month		Day	
Qualified Yes ___ No ___		Why Disqualified		Disqualifying Criminal Offense		Challenged		Sex		Date of Registration	
						Year		Month		Day	
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.				Cannot Sign		If applicant cannot sign		Signature of Registrar		Signature of Registrar	
Signature of Applicant				Mark		Height		Eye Color		Distinguishing Marks:	
Voting Record				(When Elector votes, record letter "V": in proper Space)							
Year		66		67		68		69		70	
Special		71		72		73		74		75	
Primary		76		77		78		79		80	
General		81		82		83		84		85	
		86		87		88		89		90	
		91		92		93		94		95	
		96		97		98		99		00	

(Registrar—Do Not Write Below)