



MISSOURI VOTER REGISTRATION APPLICATION

USE PEN - PLEASE PRINT CLEARLY

PC

WEB APPLICATION

| | | | |
|---|---|---|---|
| 1 | ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO | 2 | WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|---|---|

If you checked no in response to either of the questions, do not complete this form.

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| 3 | <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE | FOR OFFICE USE ONLY REGISTRATION NO. |
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|---|-----------|------------|-------------|--------------------------------------|---|
| 4 | LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (CIRCLE) JR. SR. II III IV | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
|---|-----------|------------|-------------|--------------------------------------|---|

| | | | | |
|---|---|------|--------|----------|
| 5 | ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX - NO PO BOXES) | CITY | COUNTY | ZIP CODE |
|---|---|------|--------|----------|

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|---|--|------|-------|----------|
| 6 | ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3 ABOVE) | CITY | STATE | ZIP CODE |
|---|--|------|-------|----------|

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|---|---|---|--------------------------|---------------------------|---|------------------------------|
| 7 | LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER* | 8 | DATE OF BIRTH (MM/DD/YY) | PLACE OF BIRTH (OPTIONAL) | 9 | DAYTIME PHONE NO. (OPTIONAL) |
|---|---|---|--------------------------|---------------------------|---|------------------------------|

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| 10 | NAME AND ADDRESS ON LAST VOTER REGISTRATION** NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ **If currently registered in another state please complete this box. |
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| 11 | I hereby certify that I am a citizen of the United States and a resident of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. |
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| 12 | RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY. I live _____ miles N S E W (circle one) of _____ (landmark or junction). Section, Township and range _____ My neighbors are _____ |
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|------|-----------|
| Date | Signature |
|------|-----------|

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| <input type="checkbox"/> Check here if you are interested in working as an Election Judge |
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Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.