MISSOURI VOTER REGISTRATION APPLICATION

Use this application to:
1. Register to vote in any election in Missouri. (New Registration)
2. Register to vote when you move from one jurisdiction (St. Louis City, Kansas City, or any county) to another jurisdiction (St. Louis City, Kansas City, or any county) within Missouri. (New Registration)
3. Change the address on a current voter registration when you move within a jurisdiction. (Address Change)
4. Change the name on a current voter registration. (Name Change)

Other information:
1. You must be 18 years of age by the day of a particular election to be eligible to vote in that election.
2. If mailed, this form must be postmarked by the 4th Wednesday preceding an election to be eligible to vote in that election. If delivered in person, it must be received in the office by the 4th Wednesday preceding an election. (See reverse for election calendar.)
3. Submitting this application to an individual other than the election authority does not insure timely voter registration.
4. The election authority receives your voter registration application, you will be sent confirmation within 7 business days. If you do not receive confirmation, contact the election authority.
5. If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.
6. Optional—If registering by mail for the first time, please submit a copy of one of the following forms of identification: current or valid photo ID, current utility bill, bank statement, government check, paycheck or other government document that shows your name and address, birth certificate, Native American tribal document or other proof of United States citizenship. (You will be required to present government issued photo identification when you vote or vote provisionally.)

Completing this form (All information is required unless indicated as optional):
Boxes 1 and 2 — Citizen and Age Requirements
Federal Law requires voter registration applicants to answer these two questions.
Box 3 — Type of Application
Check appropriate box if this is a new registration or if you are changing a name or address on your current voter registration.
Box 4 — Name
Put in this box your full name (Last, First, Middle). DO NOT use nicknames or initials. For name changes, Box 15 should contain your old name.

YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN SEVEN (7) BUSINESS DAYS OF ITS RECEIPT BY THE ELECTION AUTHORITY. PLEASE CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION.

DETACH HERE - KEEP TOP PORTION FOR YOUR RECORDS
This card is not proof of registration.

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1 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES NO

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

2 WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? YES NO

3 NEW REGISTRATION ADDRESS CHANGE NAME CHANGE FOR OFFICE USE ONLY REGISTRATION NO.

4 LAST NAME FIRST NAME MIDDLE NAME SUFFIX MALE FEMALE

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

6 ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE) CITY STATE ZIP CODE

7 DRIVER’S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER’S LICENSE, PLEASE LEAVE BLANK.

8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.

9 DATE OF BIRTH (MM/DD/YYYY) PLACE OF BIRTH (OPTIONAL)

10 11 DAYTIME PHONE NO. (OPTIONAL) EMAIL ADDRESS (OPTIONAL)

12 I hereby certify that I am a citizen of the United States and a resident of the state 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 resulting 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. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine.

13 NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME ADDRESS CITY STATE COUNTY

If currently registered in another state or county please complete this box.

14 POLITICAL PARTY AFFILIATION (OPTIONAL)

15 REPUBLICAN DEMOCRATIC LIBERTARIAN UNAFFILIATED

Check here if you are interested in working as an Election Judge

Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to $10,000.
Please detach the card below and retain this calendar for your records. This form must be **postmarked** by the fourth Wednesday before the election date, as listed below in order to be eligible to vote in that election. Please mail to your local election authority.

If you do not know the address of your local election authority, please visit [www.sos.mo.gov/elections](http://www.sos.mo.gov/elections) or call (800) 669-8683.

MISSOURI VOTER REGISTRATION
Kansas City Election Board
4407 DR. MARTIN LUTHER KING JR. BLVD,
KANSAS CITY, MO 64130