



## Pennsylvania Voter Registration Application Form General Instructions

1. Please provide all information on the application as required. Read all instructions carefully before you fill out the application.
2. If you are currently registered, you do not need to re-register unless you have moved or changed your name since you last registered to vote.
3. In order to vote at the next election, this application must be received by your county voter registration office 30 days before the election, or postmarked no later than the thirtieth day before the election. Military electors may apply at any time.
4. Print out, fill in completely, sign and date the form. Place completed application in an envelope addressed to your local county voter registration office (addresses are available on the web at [www.dos.state.pa.us](http://www.dos.state.pa.us)) and affix the proper postage.
5. You are not registered to vote until your application has been processed and accepted by the county voter registration office. If accepted, the county voter registration office will send you, via nonforwardable mail, a Voter Identification Card. If you do not receive a Voter Identification Card within 14 days of the date you submit this application, contact your county voter registration office.
6. If you decline to register to vote, your decision will remain confidential. If you register to vote, the office at which you register will remain confidential.

### IDENTIFICATION WHEN YOU VOTE

Pennsylvania law requires that registered voters who appear to vote for the first time in an election district after December 9, 2003 must present a form of identification. If this is the first election in which you are voting in your election district, and you intend to vote by absentee ballot in an election after January 1, 2004, you may include a form of identification with this voter registration application form rather than include it with your application for an absentee ballot. A list of the acceptable forms of identification may be obtained from your county voter registration office or from the Pennsylvania Department of State at its website, [www.dos.state.pa.us](http://www.dos.state.pa.us)

### INSTRUCTIONS FOR FILLING OUT THIS FORM (PLEASE READ CAREFULLY)

**Box 1. Citizenship and Age:** If the answer to either question is “No,” do not complete this form because you are not eligible to register to vote.

**Box 2. Application Type:** Please check the appropriate box. If you are a Federal or State employee and wish to retain your voting residence in the county where you last resided, please check the appropriate box.

**Box 3. Name, Driver’s License and Social Security Number:** Print your last name, first name and middle name or initial. Circle Jr., Sr., II, III, IV *if applicable*. You must supply a Driver’s License Number if you have one. If you do not have a Driver’s License Number, you must supply the last four digits of your Social Security Number. If you do not have a Social Security Number, please write None in the boxes.

**Box 4: 4a. Address of Residence:** Fill in your complete address of residence. **P.O. boxes may not be used here unless there is no physical address.** Print street address, city and zip code. (If the residence is only a portion of the house, include the location or number of the room, apartment or floor, which is occupied.) In **Box 4b** include your telephone number (Optional).

In **Box 4c** fill in the name of the municipality (**city, borough or township**) and county where you live. Use the map in the box below if you cannot otherwise identify your address.

<div style="border: 1px solid black; width: 90%; margin: 5px auto; padding: 5px;"> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">NORTH</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 45%; text-align: left;">WEST</span> <span style="width: 45%; text-align: right;">EAST</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="text-align: center; border-bottom: 1px solid black;">SOUTH</div> </div>	
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If your address of residence listed in Box 4a has no street number or street name (for example, Schoolhouse Road or RR2 Box 3) use the box above to draw a map of where you live. Include landmarks and roads.

**Box 5. Mailing Address:** Fill in your mailing address, *if different* from Box 4a.

**Box 6. Date of Birth:** Fill in the month, day and year of your birth.

**Box 7. Race:** Fill in your race (Optional).

**Box 8. Prior Registration:** If you were registered before, fill in the name used on previous registration in **Box 8a** and address, **county** and year of previous registration in **Box 8b**.

**Box 9. Political Party:** Check block for political party or no affiliation. *You must register with a party if you want to take part in that party’s primary.*

**Box 10.** If you were assigned a Voter Identification Number, which appears on your Voter Identification Card, place that Identification Number here. If you are applying to register to vote for the first time, leave this box blank.

**Box 11. Registration Declaration:** You must be a citizen of the United States to register to vote in the Commonwealth of Pennsylvania. Please read the registration declaration carefully. Please sign and print your name and date the application.

#### PENALTY FOR FALSIFYING REGISTRATION DECLARATION. WARNING:

If a person signs an official registration application knowing a statement declared in the application to be false, makes a false registration, or furnishes false information, the person commits perjury. Perjury is punishable, upon conviction, by a term of imprisonment not exceeding seven years, or a fine not exceeding \$15,000, or both, at the discretion of the court. Submitting an application containing false information may also subject a person to other penalties, including loss of the right of suffrage, under state or federal law.

**Box 12. Name of Assistant:** If the applicant is unable to sign the application, the person who assisted the applicant must provide his or her name, address and telephone number.

# PENNSYLVANIA VOTER REGISTRATION APPLICATION

## DO NOT WRITE IN SHADED AREAS

**1** Are you a citizen of the United States of America?  Yes  No } If you checked "No" in response to either of these questions, do not complete this form.  
 Will you be 18 years of age on or before election day?  Yes  No }

**2**  New Registration  Change of Name  Change of Address  Change of Party  I am a Federal or State employee and wish to retain my voting residence in the county where I last resided. Place either Driver's License # or Social Security # here

**3** Mr Mrs Miss Last Name First Name Middle Name/Initial Jr Sr II III IV DL #           OR SS# (last 4 digits)

**4 a** Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above) Apt # State **PA** Zip Code **4 b** Telephone Number (Optional) ( ) ( )

**4 c** Municipality where you live County where you live **5** Mailing address (if different than address of residence) City State Zip Code

**6** Date of Birth / / **7** Race (Optional) **8 a** Name on previous registration **9** In which party do you wish to register?  
 Democratic  No affiliation  
 Republican  Other (Please specify):  
 Libertarian  
 Green

**8 b** Address of previous registration County of previous registration Year of previous registration

**10** Voter Identification Number           -   *Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)*

**11** I HEREBY DECLARE THAT:  
 (1) On the day of the next election I will have been a **United States citizen** for at least one month, I will be **at least 18 years of age**, and I will have **resided in Pennsylvania** and in my election district for at least 30 days;  
 (2) I am legally qualified to vote.  
 AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury.

**12** Name of person who assisted in the completion of this application Telephone No. DATE OF REGISTRATION REGISTRAR YEAR PARTY AFFILIATION  
 Address

NAME CITY, BORO, OR TWP. WARD DISTRICT COUNTY VOTER I.D.#