

Registration Form

NEW or RE-ACTIVATED REGISTRANT (VOTER)	CURRENT INFORMATION (PLEASE PRINT CLEARLY)			
	Last Name	First Name	MI	Suffix
	House #	Street Name	Apt #	City
	Date of Birth		Gender	Phone #
	GENERAL QUALIFICATIONS			
	I am a citizen of the United States.			
	I am (or will) be 18 years old or more on the date of the election.			
	I have lived in the school district for at least 30 days before this election.			
	This is my signature or mark on the line below. The above information is true.			
	Registrant Signature <i>✍</i> :			Date:

UPDATE VOTER INFORMATION	YOUR CORRECT OR CURRENT INFORMATION (PLEASE PRINT CLEARLY)				
	Last Name	First Name	MI	Suffix	Date of Birth
	House #	Street Name	Apt #	City	State Zip Code
	INCORRECT INFORMATION ONLY AS IT APPEARS IN THE REGISTRATION BOOK				
	PRINTED IN BOOK AS - Last Name		PRINTED IN BOOK AS - First Name		MI Suffix
	House #	Street Name	Apt #	City	State Zip Code
	Date of Birth			PAGE #	LINE #
	Registrant Signature <i>✍</i> :				Date:

DELETE or REMOVE VOTER	DELETE (REMOVE) VOTER (PLEASE PRINT CLEARLY)			<input checked="" type="checkbox"/> REASON BELOW	
	PAGE #	LINE #			<input type="checkbox"/> Moved out of District
	Last Name	First Name			<input type="checkbox"/> Duplicate Voter
	Date of Birth				<input type="checkbox"/> Voter Deceased
	Info Source	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member: _____			<input type="checkbox"/> Other: _____
	Source Signature <i>✍</i> :				Date:

****For Official use only****			
Check if Applicable:			11/2019
<input type="checkbox"/> County BOE Permitted Registrant to Vote (name not found in our books). <input type="checkbox"/> Change the Registrant's Poll Place: From: _____ To: _____			
Please Complete	Did the registrant Vote Today	<input type="checkbox"/> YES or <input type="checkbox"/> NO	Please Complete
Inspector Signature:	Print Name	Date	
District Clerk's Authorization	Date	**** PRINT SCHOOL DISTRICT NAME ****	