

Pennsylvania Voter Registration Application

Print your name 1 Last name _____ Jr Sr II III IV (circle if applicable)
First name _____ Middle name or initial _____

Eligibility 2 Are you a citizen of the U.S.? Yes No
If you answer "No" to either question, you cannot register to vote.
Will you be 18 years or older on or before election day? Yes No

Reason 3 New registration Change of name Change of address
 Change of party Federal or State employee registering in county of last residence

About you 4 Birth date | M M / D D / Y Y Y Y Sex M F Race (optional) _____
Phone _____ Email _____
Phone and email are optional and used if information is missing on this form.

Your address 5 Address (not P.O. Box) _____ Apt. number _____
City/Town _____ State PA Zip Code _____
Municipality _____ County _____
 I do not have a street address or permanent residence (use map on back)

The address where you receive mail 6 Same as above Address or P.O. Box _____
City/Town _____ State _____ Zip Code _____

Identification 7 PA driver's license or PennDOT ID card number _____
Last four digits of your Social Security number X X X - X X - _____
 I do not have a PA driver's license or a PennDOT ID card or a Social Security number.

Political party 8 Democratic Republican Other: _____ None
To vote in a primary, you must register with either the Democratic or Republican party.

Voting assistance 9 I require help to vote. I need this kind of assistance: _____
My preferred language: _____

If your name or address has changed 10 Name on previous registration _____
Full previous address and county _____
PA Voter No. (if available) _____ Year _____
Skip if this is the first time you are registering to vote.

Declaration 11 **I declare that:**
• I am a United States citizen and will have been a citizen for at least one month on the day of the next election.
• I will be at least 18 years old on the day of the next election.
• I will have lived at the same address in Section 5 for at least 30 days before the election.
• I am legally qualified to vote.
I affirm that this information is true. I understand that this declaration is the same as an affidavit, and, if this information is not true, I can be convicted of perjury, and fined up to \$15,000, jailed for up to seven years, or both.
Signature or mark _____
Print name _____
Today's date | H M / D D / Y Y Y Y _____

Help with this form 12 Name of assistant _____
Address _____
Phone _____ Signature of assistant _____
Fill in if someone helped you with this form or witnessed you make a mark for your signature.

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