

Mail-In Voter Registration Form

You can use this form to:

- register to vote in the District of Columbia
- let us know that your name and address has changed
- register with a party or change parties

To register to vote in the District of Columbia you must:

- be a U.S. citizen
- be a D.C. resident
- be at least 18 years old on or before the next election
- not be in jail for a felony conviction
- not have been adjudged “mentally incompetent” by a court of law
- not claim the right to vote anywhere outside D.C.

Questions? Call 727-2525

or visit www.dcooe.org

Hearing-impaired people with TDD, call 639-8916

Información en español: Si le interesa obtener este Formulario en español, llame al 727-2525.

Important! New Federal Requirement:

IDENTIFICATION -- Federal law now requires that all voter registration applications must include either the applicant's driver's license number or the last four digits of their social security number. If you do not have a driver's license, you must provide the last four digits of your social security number. If you have neither, please check the appropriate box on this voter registration form and the District will assign you a number.

Failure to complete section #8 or 8a of this form may prevent your application for voter registration from being processed.

Keep your record up-to-date! If the Board of Elections and Ethics does not have your current address, your name may be removed from the voter roll. Your name must be on the voter roll, to vote in the next election.

Use this form to send in your change of name, address, or change your party.

(Use a pen to complete this form)

1	Check one: Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		2	Reason for completing this form		Voter ID Number		
	Will you be 18 years of age on or before the next Election? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change		Reg. Date	Clerk	
If you checked 'no' in response to any of the questions above, do not complete this form.								
3	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name	Suffix Jr. Sr. II III IV			
4	Address Where You Live Circle One NE NW SE SW			Apartment Number	Zip Code			
5	Address Where You Get Your Mail (If different from #4)					Zip Code		
6	Date of Birth	7	Daytime Telephone Number	8	Driver's License Number, or the last 4 digits of your Social Security Number			
9	Party Registration – Check one box		PLEASE NOTE: To vote in a primary election in the District of Columbia, you must be registered with the Democratic, Republican or D.C. Statehood Green Parties.	8a	<input type="checkbox"/> I do not have a Driver's License Number or a Social Security Number. Please assign me a number.			
	<input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> D.C. Statehood Green Party <input type="checkbox"/> No Party (independent) <input type="checkbox"/> Other Party (write name below)			12	Voter Declaration — read and sign below I swear or affirm that: <ul style="list-style-type: none"> • I am a U.S. citizen • I live in the District of Columbia at the address (#4) above • I will be at least 18 years old on or before the next election • I am not in jail on a felony conviction • I have not been judged “mentally incompetent” in a court of law • I do not claim the right to vote anywhere outside D.C. 			
10	Optional: If you have a disability that requires assistance with voting, please indicate type: _____							
11	Name and Address on Last Registration							
	(If outside D.C., include county and state)							
				Signature _____		Date _____		
WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years.								

Fold on dotted lines, seal and mail.