

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

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 Drivers License # or Social Security # here
 DL#
 or SS# (Last 4 digits)

3 Mr Last Name First Name Middle Name/Initial suffix

4 a Address of residence, include street and city Apt# State **PA** Zip Code **4 b** Telephone (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

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

10 Voter Identification Number -

9 In which party do you wish to register?
 If Other Please Specify

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 material false statement, I will be subject to penalties for perjury.

Place signature with full name (or mark) below.
 (Please see Penalty for Falsifying Declaration.)

X
 Print Your Name Below Date / /

12 Name of person who assisted in the completion of this application
 Address

Telephone No. () -

(Office use only) Date of Registration

(Office use only) Registrar

(Office use only) Year

(Office use only) Party Affiliation

(Office use only) NAME

(Office use only) CITY, BORO, or TWP.

(Office use only) WARD

(Office use only) DISTRICT

(Office use only) COUNTY VOTER I.D.#





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.

**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.

OFFICE USE ONLY



Use the print button below to print your completed form.

**Sign the printed form at the appropriate location
and mail the form to your County office listed below.**



****The County where you live has not been selected in the form.****
When a selection is made the address for that County office will appear in this location.



Print The Form **Clear Form**

If you are interested in becoming a poll worker, contact your county voter registration office.

For a full listing of available county addresses and e-mail, go to: www.dos.state.pa.us