

**▼ PENNSYLVANIA VOTER REGISTRATION APPLICATION ▼**

<b>1</b>	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>2</b>	<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party			<input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.			
<b>3</b>	<b>a</b>	<input type="checkbox"/> M   Last Name <input type="checkbox"/> F	First Name	Middle Name/Initial	Jr Sr II III IV (circle if applicable)		
<b>3</b>	<b>b</b>	Place PA Driver's License (DL) # here if you have one: <input type="text"/>	If no PA DL #, place SS# (last 4 digits) here: <input type="text"/>	<input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number.			
<b>4</b>	<b>a</b>	Address of residence. Include street and city. (Use map above if no street number or name.) (If only P.O. box, see above.)			<b>4</b>	<b>b</b>	
		Apt. #	<b>PA</b>	State	Zip Code	Telephone Number (Optional) (   )	
<b>4</b>	<b>c</b>	Municipality where you live	County where you live	<b>5</b>		Mailing Address (if different than address of residence)	
				City	State	Zip Code	
<b>6</b>	Date of Birth / /		<b>7</b>	Race (Optional)	<b>8</b>	<b>a</b>	
				Name on previous registration	<b>8</b>		
				Address of previous registration (include street and city)			
<b>9</b>	In which party do you wish to register? <i>You must register with a party if you want to take part in that party's primary.</i>				<b>b</b>		
		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> No affiliation <input type="checkbox"/> Other _____				County of previous registration	Year of previous registration
<b>10</b>	Name and signature of person who assisted in the completion of this application			<i>Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)</i> ▼			
	Address						
<b>11</b>	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 <b>at least 18 years of age</b> , and I will have <b>resided in Pennsylvania</b> and in my election district <b>for at least 30 days</b> ; (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.						
	<b>X</b>			Print your name below ▼			
				Date / /			
<b>12</b>	Voter Identification Number (If available – not necessary if you are registering to vote for the first time or if you do not know your number.)		<input type="text"/>				
<b>13</b>	Do you require assistance when voting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for assistance:				

Please mail completed form to:

Blair County Voter Registration Office  
423 Allegheny Street, Ste 43  
Hollidaysburg, PA 16648