

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

<b>2</b>	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)
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<b>3</b>	Mr Mrs Miss	Last Name	First Name	Middle Name/Initial      suffix Jr Sr II III IV
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<b>4</b> <b>a</b>	Address of residence, include street and city	Apt#	State <b>PA</b>	Zip Code	<b>4</b> <b>b</b>	Telephone (Optional)
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<b>4</b> <b>c</b>	Municipality where you live	County where you live
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<b>5</b>	Mailing Address (if different than address of residence)	City	State	Zip Code
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<b>6</b>	Date of Birth / /	<b>7</b>	Race (Optional)	<b>8</b> <b>a</b>	Name on previous registration	<b>9</b>	In which party do you wish to register? *Democratic    *Republican *Libertarian    *Green *No affiliation    *Other If Other Please Specify
	<b>8</b> <b>b</b>		Address of previous registration		County of previous registration		
<b>10</b>		Voter Identification Number					

<b>11</b>	<b>I HEREBY DECLARE THAT:</b>  (1)On the day of the next election I will have been a <b>United States Citizen</b> 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 for at least 30 days;  (2)I am legally qualified to vote. <b>AND I HEREBY AFFIRM THAT</b> 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.	Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)  <b>X</b> .....  Print Your Name Below      Date / /
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<b>12</b>	Name of person who assisted in the completion of this application	Telephone No. ( )	(Office use only) Date of Registration	(Office use only) Registrar	(Office use only) Year	(Office use only) Party Affiliation
	Address		-			

(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.#
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