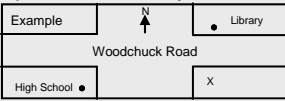
		Voter Registration Application										<input type="radio"/> Submitted by Mail <small>(Office Use Only)</small>			
		Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>					SVRS ID # <small>(Office Use Only)</small>								
General Instructions: Please Review Fully		Please use uppercase (CAPITAL) letters only. Fill in circles as appropriate. Return completed form to municipal clerk. This document can be made available in accessible formats to persons with disabilities, upon request. NOTE: If this is a change of address, then upon completion of this application, your voting rights will be canceled at your previous residence. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide identification with this application. If you do not provide identification with this application, you will be asked for identification the first time that you vote. Please see reverse side for a list of acceptable forms of identification.													
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change	Municipality		<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City											
		County													
2		Wisconsin Driver License/ID Number										<input type="radio"/> I have neither a WI Driver License/ ID nor a Social Security Number.			
		Social Security Number - Last Four Digits (if no license/ID number)					X X X - X X -								
3		Last Name					Suffix (e.g. Jr, II, etc.)								
		First Name					Middle Name								
		Date of Birth (MM/DD/YYYY)					/		/						
4		Current		Residence Address: Street Number & Name											
				Apt. Number		City									
				State		ZIP + 4									
5		Previous		Mailing Address: Street Number & Name											
				Apt. Number		City									
				State & ZIP + 4											
6		Last Name					Suffix (e.g. Jr, II, etc.)								
		First Name					Middle Name								
7		Address: Street Number & Name													
		Apt. Number		City											
		State & ZIP + 4													
8		Please answer the following questions by filling in "Yes" or "No": 1. Are you a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No 2. Will you be 18 years of age on or before election? <input type="radio"/> Yes <input type="radio"/> No If you filled in 'No' in response to EITHER of these questions, do <u>not</u> complete this form.													
9		<input type="radio"/> I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the above residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. <u>If completed on election day:</u> I further certify that I have not voted at this election. (Please fill in circle)													
10		Corroborating Witness/ Assistant Signature					X		Corroborating Witness/ Assistant Address						
11		Elector Telephone Number										<input type="radio"/> I am interested in being a poll worker.			
		Accommodation needed at poll location (e.g. wheelchair access):													
12		If you do not have a street number or if you have no address, please use the map to show where you live: > Write the names of the crossroads (or streets) nearest to where you live. > Draw an 'X' to show where you live. > Use a dot to show any schools, churches, stores or other landmarks where you live and write the name of the landmark.													
							Example 								
Signature of Elector		X					Date (MM/DD/YYYY)								
		Official Use Only: Election Day Voter #													
		Official Use Only: Proof of Residence/ID:										Official Use Only: Proof #:			
Official's Signature (election official, or special registration deputy (with ID number))		Official Use Only:	Ward	Sch. Dist.	Alder.	Cty. Supr.	Ct. of App.	Assembly	St. Senate	Congress	Other				



Voter Registration Application Instructions

General Instructions: <i>Please Review Fully</i>	<p>This form should be submitted to your municipal clerk, unless directed otherwise.</p> <p>Each section on the front side of this document corresponds to the sections below (1-12). If you are registering to vote in Wisconsin for the first time and submitting this registration form by mail, attach a copy of one of the following forms of identification:</p> <ul style="list-style-type: none"> • a copy of a current and valid photo identification; or, • a copy of a current utility bill, bank statement, government check, pay check, or government document that shows your complete name and address.
1	<p>Indicate why you are submitting this application by filling in the appropriate circle (New Voter, Name Change and/or Address Change).</p> <p>If your municipal information has not been pre-printed, indicate the municipality and county of your residence. Ensure you use the formal names of your municipality and county. If in doubt please contact your municipal clerk to confirm this information.</p>
2	<p>Provide a WI Driver License or WI Department of Transportation (DOT)-issued identification number. If you have not been issued a WI Driver License/WI DOT-issued identification card, provide the last four digits of your social security number. If you have neither a WI Driver License or WI DOT-issued identification number, nor a social security number, indicate this by filling in the appropriate circle.</p> <p>Note: If you have, but do not provide, a WI DOT-issued Driver License/identification number, your voter registration application cannot be processed and you will not be allowed to vote until this information is provided.</p>
3	<p>Provide your current first and last names in the spaces provided. If applicable, please provide your suffix and/or middle name. Enter your formal names, as indicated on official government documents; no nicknames. Provide your month, day, and year of birth where indicated. Remember to use your birth year, not the current year.</p>
4	<p>Provide your home address (legal voting residence). This residence must be located in Wisconsin. The full house number should be filled in, including those with house numbers ending in a fraction like "1/2."</p> <p>You may not enter a post office box as a voting residence. A rural route box without a number should not be used.</p>
5	<p>If your mailing address is different from your home address, supply your mailing address in the space provided. Overseas electors: supply your complete overseas mailing address information.</p>
6	<p>If your name has changed, indicate your previous first name, last name, middle name and suffix if applicable; no nicknames. Provide this information regardless of the time elapsed since your name change.</p>
7	<p>If you have a previous address, provide the relevant information in the space provided, even if you have moved from another state. Provide information regardless of the time elapsed since you were located at that address.</p>
8	<p>Answer questions 1 and 2. If you answered "no" to either question, you are ineligible to vote and should not complete this form.</p>
9	<p>Please read carefully. By filling in the circle, you are certifying that you meet eligibility requirements to vote. If you do not meet these requirements, do not fill in this circle.</p>
10	<p>If you are completing this application on election day or in the office of the municipal clerk after the official close of registration, you must provide acceptable proof of residence. If you are unable to do so, you may have any qualified elector residing in your municipality act as a corroborating witness by signing and printing his/her address in the space provided. That elector must provide acceptable proof of residence.</p> <p>If you are unable to sign the application due to a physical disability, you may have another elector assist you. By signing this form and filling in their address, the assisting elector certifies that the application was completed at your request and authorization.</p>
11	<p>Optional: Providing your telephone number allows elections officials to contact you if further information is required. Complete the circle if you are interested in being a poll worker on election day. If you need assistance when voting, describe the assistance required (e.g. wheelchair access).</p>
12	<p>If necessary, please illustrate your residence location in the space provided.</p>
<p>Signature:</p> <p>By signing and dating this form, you certify that you are a qualified elector, a U.S. citizen, at least 18 years old, have resided at your residential address for at least 10 days immediately preceding this election, are not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. You are certifying that all statements on this form are true and correct. If you have provided false information you may be subject to fine or imprisonment under State and Federal laws. <u>If completed on election day:</u> You further certify that you have not voted at this election.</p>	