

MISSOURI VOTER REGISTRATION APPLICATION

Use this application to:

- 1. Register to vote in any election in Missouri. (New Registration—This form must be postmarked or accepted by the local election authority by the 4th Wednesday preceding an election to be eligible to vote in that election.)
- 2. Change the address on a current voter registration when you move within Missouri. (Address Change)
- 3. Change the name on a current voter registration. (Name Change)
- 4. Political Party Affiliation. (See Box 14)

Completing this form (All information is required unless indicated as optional):

Boxes 1 and 2 -- Citizen and Age Requirements

Federal Law requires voter registration applicants to answer these two questions.

Box 3 -- Type of Application

Check appropriate box if this is a new registration, or if you are updating your address, your name or adding a political party affiliation to your current voter registration.

Box 4 -- Name

Put in this box your full name (Last, First, Middle). DO NOT use nicknames or initials. For name changes, Box 13 should contain your old name.

Box 5 -- Home Address

Put in this box your home address. DO NOT put your mailing address if it differs from your home address.

Box 6 -- Mailing Address

If you get your mail at an address other than your home address in Box 5, put that address in this box.

Box 7 -- Driver's License Number

Required for registration unless you do not have a Driver's License. (§115.158, RSMo.) If you do not have a Driver's License, leave blank.

Box 8 -- Last Four Digits of Social Security Number

Required for registration unless you do not have a Social Security Number. (§115.155, RSMo, §115.158, RSMo.) If you do not have a Social Security Number, leave blank.

Box 9 -- Date of Birth

Place your date of birth in this box (Month, Day, Year). DO NOT USE TODAY'S DATE!

Box 10 -- Place of Birth (Optional)

List your place of birth (city/county/state).

Box 11 -- Daytime Phone Number (Optional)

Please list a number at which the election authority may contact you for clarification of information.

Box 12 -- Email Address (Optional)

Please list an email address at which the election authority may contact you for clarification of information. This email address may only be used for election related communication from the election authority.

Box 13 -- Last Voter Registration Information

If you are currently registered, please list the name and address of your last registration including county and state.

Box 14 -- Political Party Affiliation (Optional)

Check the box next to one of the established political parties you wish to affiliate with or check unaffiliated. You will be designated unaffiliated if there is no affiliation checked on the form.

Box 15 -- Signature

Review the information. If you meet the requirements and all is correct, sign your full name or make your mark and print today's date.

If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.

YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN SEVEN (7) BUSINESS DAYS OF ITS RECEIPT BY THE ELECTION AUTHORITY. PLEASE CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION. (DETACH HERE - KEEP TOP PORTION FOR YOUR RECORDS) This card is not proof of registration.

MISSOURI VOTER REGISTRATION APPLICATION  
USE PEN - PLEASE PRINT CLEARLY

Code 02

1	ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO		2	WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked no in response to either of the above questions, do not complete this form.					
3	<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> POLITICAL PARTY		FOR OFFICE USE ONLY REGISTRATION NO.		
4	LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX (CIRCLE) JR. SR. II III IV <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5	ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX - NO PO BOXES)		CITY	COUNTY	ZIP CODE
6	ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)		CITY	STATE	ZIP CODE
7	DRIVER'S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK.		8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE LEAVE BLANK.		
9	DATE OF BIRTH (MM/DD/YYYY)	10	PLACE OF BIRTH (OPTIONAL)	11	DAYTIME PHONE NO. (OPTIONAL)
12	EMAIL ADDRESS (OPTIONAL)				
13	NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME ADDRESS CITY STATE COUNTY If currently registered in another state or county please complete this box.		15 I hereby certify that I am a citizen of the United States and a resident of the state of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities resulting from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine.		
14	POLITICAL PARTY AFFILIATION (OPTIONAL) <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> LIBERTARIAN <input type="checkbox"/> UNAFFILIATED <input type="checkbox"/> OTHER		Date Signature		
<input type="checkbox"/> Check here if you are interested in working as an Election Judge Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.					

STATE OF MISSOURI  
VOTER REGISTRATION APPLICATION

Code 02

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

**YES    NO    NO, already registered at current address**

(If you check "NO", please sign or mark here \_\_\_\_\_)

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will **not** affect the amount of assistance you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding or in applying to register to vote, or your right to choose your own political party or other political preferences, you may file a complaint with the Secretary of State, PO Box 1767, Jefferson City, MO 65102; phone 1-800-669-8683.