



Pennsylvania Voter Registration Application Form General Instructions

1. Please provide all information on the application as required. Read all instructions carefully before you fill out the application.
2. If you are currently registered, you do not need to re-register unless you have moved or changed your name since you last registered to vote.
3. In order to vote at the next election, this application must be received by your county voter registration office 30 days before the election, or postmarked no later than the thirtieth day before the election. Military electors may apply at any time.
4. Print out, fill in completely, sign and date the form. Place completed application in an envelope addressed to your local county voter registration office (addresses are available on the web at <http://www.dos.state.pa.us/bcel/elections/contact.html>) and affix the proper postage.
5. You are not registered to vote until your application has been processed and accepted by the county voter registration office. If accepted, the county voter registration office will send you, via nonforwardable mail, a Voter Identification Card. If you do not receive a Voter Identification Card within 14 days of the date you submit this application, contact your county voter registration office.
6. If you decline to register to vote, your decision will remain confidential. If you register to vote, the office at which you register will remain confidential.

INSTRUCTIONS FOR FILLING OUT THIS FORM (PLEASE READ CAREFULLY)

<p>Box 1. Application Type: Please check the appropriate box. If you are a Federal or State employee and wish to retain your voting residence in the county where you last resided, please check the appropriate box.</p> <p>Box 2. Name: Print last name, first name and middle name or initial. Circle Jr., Sr., II, III, IV <i>if applicable</i>. Include your telephone number. (<i>Optional</i>)</p> <p>Box 3. Address of Residence: Fill in your complete address of residence. Print street address, city and zip code. No P.O. Boxes may be used here unless there is no physical address. (If the residence is only a portion of the house, include the location or number of the room, apartment or floor which is occupied.) 3b: Fill in the name of the municipality (city, borough or township) and county where you live. Use the map in the box below if you cannot otherwise identify your address.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> </div> <p>Map Instructions If your address of residence listed in Box 3 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.</p>	<p>Box 4. Mailing Address: Fill in mailing address, <i>if different</i> from Box 3.</p> <p>Box 5. Date of Birth: Fill in month, day and year of your birth.</p> <p>Box 6. Race: Fill in your race. (Optional)</p> <p>Box 7. Prior Registration: If you were registered before, fill in name on previous registration in Box 7a and address, county and year of previous registration in Box 7b.</p> <p>Box 8. Political Party: Check block for political party or no affiliation. <i>You must register with a party if you want to take part in that party's primary.</i></p> <p>Box 9. Registration Declaration: 9a You must be a citizen of the United States to register to vote in the Commonwealth of Pennsylvania. 9b Please read the registration declaration carefully. Please sign and print your name and date the application.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center; color: red; font-weight: bold;"><u>PENALTY FOR FALSIFYING REGISTRATION DECLARATION WARNING:</u> 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.</p> </div> <p>Box 10. Name of Assistant: If the applicant is unable to sign the application, the person who assisted the applicant must provide his or her name, address and telephone number.</p>
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Pennsylvania Voter Registration Application Form

ITEMS IN GREY FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE IN THESE AREAS

1	<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided. <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party			DATE OF REGISTRATION	REGISTRAR	YEAR	PARTY AFFILIATION
2	Mr Mrs Miss Ms	Last Name	First Name	Middle Name/Initial	Jr Sr II III IV	Telephone Number (Optional)	
3a	Address of residence, include street and city (Use map in instructions if no street number or name)				Apt. #	State PA	Zip Code
3b	Municipality where you live	County where you live	4 Mailing address (if different than address of residence)		City	State	Zip Code
5	Date of Birth / /	6 Race (Optional)	7a Name on previous registration		8 In which party do you wish to register? <input type="checkbox"/> Republican <input type="checkbox"/> No affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Other (<i>Please Specify</i>): <input type="checkbox"/> Green		
7b	Address of previous registration		County of previous registration	Year of previous registration			
9a	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Attention: If you answered "No", you are not eligible to register to vote in the Commonwealth of Pennsylvania.				Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)		
9b	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 materially false statement, I will be subject to penalties for perjury.				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">X</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Your Name Below ▼		
10	Name of person who assisted in the completion of this application		Address			Telephone Number	
NAME			CITY, BORO, OR TWP.	WARD	DISTRICT	VOTER ID #	

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