Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? No Will you be 18 years old on or before election day? No **If you checked "No" in response to either of these questions, do not complete form.** (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)					This space for office use only.
1		Last Name	First Name	Middle Name(s)	
2	Home Address		Apt. or Lot #	City/Town	State / Zip Code
3	Address Where You Get Your Mail If Different From Above			City/Town	State / Zip Code
4	Date of Birth Month Day Year	**5**	Telephone Number (optional)	**6**	ID Number - (See item 6 in the instructions for your state) *MA license # or last four digits of your Social Security #*
7	Choice of Party (see item 7 in the instructions foy your State)	**8**	Race or Ethnic Group (see item 8 in the instructions for your State) Not applicable		
9	I have reviewed my state's instructions and I swear/affirm that: ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.		Please sign full name (or put mark) ▲ Date: / / Month Day Year		

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A		Last Name	First Name	Middle Name(s)	

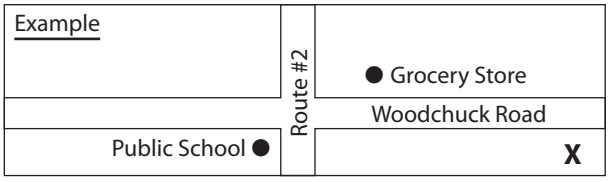
If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

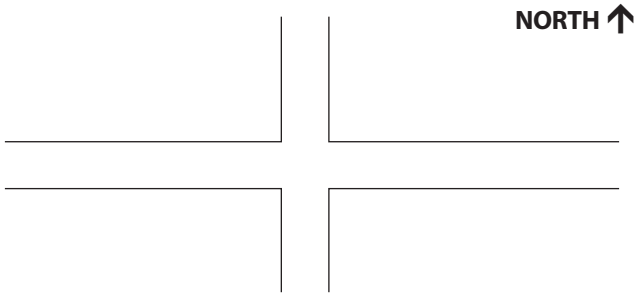
B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C

■ Write in 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 near where you live, and write the name of the landmark.





If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	

Mail this application to the address provided for your State.

FOR OFFICIAL USE ONLY

FIRST CLASS STAMP NECESSARY FOR MAILING

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service ®

Town Clerk's Office
Town Hall
29 Center ST
Burlington, MA 01803

Print Application