

STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION

Fill out the bottom half of this application by following these directions. Print clearly and use blue or black ink.

1. **LEGAL NAME.** Your full legal name including any suffix such as Sr., Jr., III, is required on this form.
2. **ADDRESS.** This information is required. If mailing address is different from residential address, complete mailing address section.
3. **PERSONAL INFORMATION.** A telephone number where you can be reached during normal business hours is helpful to registration officials if they have a question about your application. Social Security Number is required by O.C.G.A. § 21-2-219 and 21-2-220. SSN is confidential by O.C.G.A. § 21-2-225 and is used only to verify the identity of voters. Gender and race are requested and are needed to comply with the Voting Rights Act of 1965, but are not mandated by law.
4. **OATH.** Federal law requires that you answer the citizenship and age questions. Read the oath and sign your name. If you cannot complete this application unassisted because of physical disability or illiteracy, you must either sign or make your mark on the signature line, and the person assisting you **MUST** sign the signature space for person assisting voter.
5. **POLL OFFICER QUESTION.** Your willingness to be a poll worker will have no bearing on your application for registration. Poll officers are paid for their time. Providing your e-mail address is optional.
6. **NAME/ADDRESS CHANGE.** Complete these sections to change the name or address of your current voter registration.
7. **MAP/DIAGRAM.** If you live in an area without house numbers and street names, please include a drawing of your location to assist us in locating your appropriate districts and voting precinct. Trim (do NOT fold) the drawing to fit easily within the pocket below.
8. **DELIVERY INSTRUCTIONS.** Verify that you have completed and signed the application. Enclose a copy of your ID if you are submitting this form by mail and registering for the first time in Georgia. Then fold the application in half, remove the tape at the top, and press the edges together. The application is ready for you to personally mail - postage is prepaid - or personally deliver the application to your county voter registration office.
9. **You are NOT officially registered to vote until this application is approved.** You should receive a voter precinct card in the mail. If you do not receive this acknowledgement within two to four weeks after mailing this form, or if you have further questions, please contact your county voter registration office. You can also contact the Secretary of State Elections Division at (404) 656-2871. Find your poll location and other election information on the Secretary of State's website at www.sos.state.ga.us/elections.

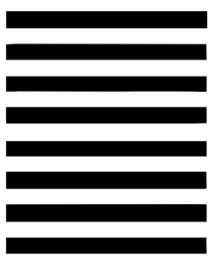
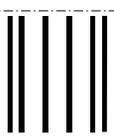
REQUIREMENT: If you are submitting this form by mail and you are registering for the first time in Georgia, enclose a copy of one of the following with your application: A copy of a current and valid photo ID, a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address. Those who are entitled to vote by absentee ballot under the Uniformed and Overseas Citizens Absentee Voting Act are exempt from this requirement.

Place copy of ID in pocket Please trim the copy of your ID so that it fits easily within this pocket. Do NOT fold your copy of the ID to make it fit. Trim copy of ID to size

	COUNTY PRECINCT	MUNICIPAL PRECINCT	DISTRICT COMBO	DMVS APPLICATION NO.	REGISTRATION NO.
OFFICE USE ONLY					
1	LAST NAME		FIRST NAME	MIDDLE OR MAIDEN NAME	SUFFIX <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
2	RESIDENCE ADDRESS: House number and street name		APT. NO.	CITY	COUNTY
	MAILING ADDRESS (If different from residence address): Post-office box or route		CITY		STATE GA.
3	TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER - -		DATE OF BIRTH MONTH / DAY / YEAR	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
					RACE/ETHNICITY <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian / Pacific Islander
4	I SWEAR OR AFFIRM: (Your answer is required under federal law) Are you a citizen of the United States of America? Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be 18 years of age on or before election day? Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> If you checked "No" in response to either of these questions, do not complete this form.				
	I SWEAR OR AFFIRM THAT: I reside at the address listed above. I am eligible to vote in Georgia. I am not serving a sentence for having been convicted of a felony involving moral turpitude. I have not been judicially declared to be mentally incompetent.				
	WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony. O.C.G.A. § 21-2-561				
	Date		Signature		Signature of person helping illiterate or disabled voter
5	May we contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If you would like to receive additional information by e-mail, please provide your e-mail address:				
6	CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: House No. and Street Name Apt. No. City County State Zip				
	CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name Suffix First Name Middle or Maiden Name				

DO NOT FOLD OVER, STAPLE OR TAPE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 19242 ATLANTA GEORGIA

POSTAGE WILL BE PAID BY ADDRESSEE

HON. CATHY COX
SECRETARY OF STATE
STATE OF GEORGIA
PO BOX 105325
ATLANTA GA 30348-9562



STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION

If you meet the following qualifications, complete this form and **personally mail** to the Secretary of State or **personally** deliver to your county voter registration office. Prepaid postage is provided for your convenience.

QUALIFICATIONS: To register to vote you must:

- Be a **citizen** of the **United States**
- Be a legal **resident** of the **county**
- Be at least **17½** years of age to register and **18 to vote**
- **Not** be serving a sentence for conviction of a **felony** involving moral turpitude
- Have **not** been found **mentally incompetent** by a judge

See other side for complete instructions.

Once you complete and personally mail or deliver your application, you should receive an acknowledgement from the local voter registration office. Generally this process takes two to four weeks. To follow up on your voter registration application or to obtain more information on voter registration and elections, just call your local voter registration office.

GENERAL INFORMATION:

For more information on election dates, registration deadlines, and local county voter registration telephone numbers, see the Secretary of State's website at WWW.SOS.STATE.GA.US/ELECTIONS.

HON. CATHY COX
SECRETARY OF STATE
1104 West Tower, 2 Martin Luther King, Jr. Dr., SE
Atlanta, Georgia 30334-1505
Telephone: (404) 656-2871