## Minnesota Voter Registration Application Complete lines 1 through 8. Please print clearly.

Per	sonal Info	ormation and Qualifica	ations								
1	Are you a U.S. citizen? Yes No D										
2	Are you at least 16 years old and will you be at least 18 years old on or before the day of the election in which you intend to vote? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{No}}\)										
	If you ma	rk "NO" to either of these	question	s, DO NOT comple	te this form.		АВ				
3	Last name	or surname		First name		Middle	name	Suffix			
4	Address w	here you live (residence)		Apt. number	City		ZIP code				
5	If mail cannot be delivered to the address above, provide P.O. Box  City  ZIP code										
6	Date of Birth (not today's date)  School District (if known)  Cou						unty where you live				
	Phone number Email address										
Mark one box and provide the number that applies to you:  I have a MN-issued driver's license or MN ID card number:  I do not have a MN-issued driver's license or MN ID card.  The last four digits of my Social Security Number are:  I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.  Registration Update - Are you currently registered under a different name or address?											
	Previous la	<u> </u>	rrenuy re	Previous first name	Previous middle name						
	Previous a	ddress where you were last	registere	d City			State Z	IP Code			
Rea	d And Sig	gn Only If All Parts Ap	ply To	You.							
8											
	Si	gn Here X			Date	e:	20				
				n Judge Official Us							
'		ith Current Name & Address umber:		D + Document with Curre ent Type:	ent Name & Add		Other  ☐ Vouched For				
	I <u></u>			Number:		-	☐ Notice of Late R	egistration			

For more information on voting or state election results go to the Minnesota Secretary of State web site at **sos.mn.gov** or call toll free **1-877-600-VOTE** (**1-877-600-8683**) or use Minnesota Relay Service at 1-800-627-3529 or 711. Special assistance is available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

(For administrative label)

Confidentiality Notice: Your exact date of birth, email address, and any ID number you give (Minnesota driver's license, state ID or last four digits of social security number) are private. Only election officials and other authorized government agencies may access this information. Election officials use your exact date of birth and ID number to confirm your identity with the Minnesota Department of Public Safety or Social Security Administration. If you have an ID number but refuse to give it, your application may be incomplete and you may have to apply again or show proof of residence before you can vote. Election officials ask for your email so they can contact you about your application. Also, the Office of the Secretary of State may email you (or contact you another way) about voting and elections, or ask for public input on voting or election-related issues. The rest of the data on your application is public when used for elections, political, law enforcement or jury selection purposes. If you need to keep your contact data private because of personal safety concerns, call 1-877-600-8683.

## **Voucher Form**

Use this form only if you are registering to vote with a voucher as your proof of residence

l,	of Voucher)				swear	or affirm that (Check one):				
	I am pre-re	gistered to vote in this prec	inct \	Voter ID#:	(to be completed by	y the election judge)				
	☐ I registered in this precinct today and did not have another person vouch for me									
	I am an em	ployee of a residential facil	ity	lame of resi	dential facility)					
Residential Address of Voucher or Address of Residential Facility										
Street Add	dress				City					
Telephone	e number:			E-mai	l address (optional)					
l personall	y know that	Name of person registeri	ng)			is a resident of this precinct.				
Signature	of Voucher									
		Elec	tion Juc	dge Officia	l Use Only					
		:	Subscribe	ed and swo	rn to before me					
_		1								
Da	ate		Signature	e of Election	n Judge					