

State of Michigan Voter Registration Application

and Michigan Driver License/Personal Identification Card Address Change Form

1 answer

Are you a citizen of the United States of America? Yes No

Will you be 18 years of age on or before election day? Yes No

➤ If you responded **No** to either of these questions, do **NOT** complete this form.

2 complete application

Last Name First Name Middle Name

Address where you live — house number and street/road Apt. No./Lot No.

City Zip Code Telephone *optional*

MI

If you do not have a house or street address, describe location where you live — cross streets or roads, landmarks, etc.

City or Township where you live County where you live School District *if known*

Mailing Address *if different* For use on Driver License/Personal ID and Voter Registration For use on Voter Registration only

Date of Birth Male Female

ID Number *check applicable box and provide appropriate number*

I have a state issued driver license or personal ID card # State

I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are

I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.
An ID number will be assigned to you for voter registration purposes.

Are you still registered to vote at your last address? Yes No Don't Know *If "Yes" or "Don't Know" enter previous address*

Previous Street Address City or Township of County

State Zip Code Registered under name of *if different than above*

3 read, sign and date

I certify that:

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- 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 subject to a fine or imprisonment or both under federal or state laws.

X _____	_____
Signature of Applicant	Date
X _____	_____
Signature of Applicant	Date

Sign and date both spaces provided above.

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.