

# Pennsylvania Voter Registration Application

Use blue or black ink

<b>Print your name</b>	1	Last name _____ Jr Sr II III IV (circle if applicable)
		First name _____ Middle name or initial _____

<b>Eligibility</b> If you answer "No" to either question, you cannot register to vote.	2	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Will you be 18 years or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Reason</b>	3	<input type="checkbox"/> New registration	<input type="checkbox"/> Change of name	<input type="checkbox"/> Change of address
		<input type="checkbox"/> Change of party	<input type="checkbox"/> Federal or State employee registering in county of last residence	

<b>About you</b> Phone and email are optional and used if information is missing on this form.	4	Birth date   M   M   /   D   D   /   Y   Y   Y   Y   Sex <input type="checkbox"/> M <input type="checkbox"/> F Race (optional) _____
		Phone       -       -             Email _____

<b>Your address</b> If you do not have a street address or a permanent residence, or are a student, see the instructions.	5	Address (not P.O. Box) _____ Apt. number _____
		City/Town _____ State PA Zip Code
		Municipality _____ County _____
		<input type="checkbox"/> I do not have a street address or permanent residence (use map on back)

<b>The address where you receive mail</b>	6	<input type="checkbox"/> Same as above Address or P.O. Box _____
		City/Town _____ State       Zip Code

<b>Identification</b> If you have a PennDOT number you must use it. If not please provide the last four digits of your Social Security number. See <i>Verifying your identity</i> .	7	PennDOT driver's license or ID card number _____
		Last four digits of your Social Security number   x   x   x   -   x   x   -
		<input type="checkbox"/> I do not have a Pennsylvania driver's license or a Social Security number

<b>Political party</b> To vote in a primary, you must register with either the Democratic or Republican party.	8	<input type="checkbox"/> Democratic	<input type="checkbox"/> Republican	<input type="checkbox"/> Other: _____	<input type="checkbox"/> None
---	---	-------------------------------------	-------------------------------------	---------------------------------------	-------------------------------

<b>Voting assistance</b>	9	<input type="checkbox"/> I require help to vote. I need this kind of assistance _____
		My preferred language _____

<b>If your name or address has changed</b> Skip if this is the first time you are registering to vote.	10	Name on previous registration _____
		Full previous address and county _____
		PA Voter No. (if available)             -       Year

<b>Declaration</b>	11	<b>I declare that</b>	<b>Signature or mark</b>
		<ul style="list-style-type: none"><li>I am a United States citizen and will have been a citizen for at least 1 month on the day of the next election.</li><li>I will be at least 18 years old on the day of the next election.</li><li>I will have lived at the address in Section 5 for at least 30 days before the election.</li><li>I am legally qualified to vote.</li></ul>	
		I affirm that this information is true. I understand that this declaration is the same as an affidavit, and, if this information is not true, I can be convicted of perjury, and fined up to \$15,000, jailed for up to 7 years, or both.	
		<b>Print your name</b> _____	<b>Today's date</b>   M   M   /   D   D   /   Y   Y   Y   Y

<b>Help with this form</b> Fill in if someone helped you with this form or witnessed you make a mark for your signature.	12	Name of assistant _____
		Address _____
		Phone _____ Signature of assistant _____

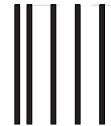
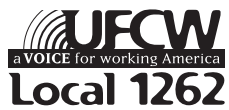


# MAKE YOUR VOICE HEARD

## REGISTER TO VOTE TODAY!

Fill out this form, mail it back to us using the instructions below.  
It's easy, and it's your right and responsibility.

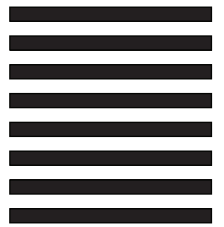
**1** FOLD



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

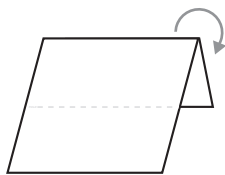
**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 781 CLIFTON, NJ  
POSTAGE WILL BE PAID BY ADDRESSEE

UFCW LOCAL 1262  
1389 BROAD STREET  
CLIFTON NJ 07013-9884



**2** FOLD

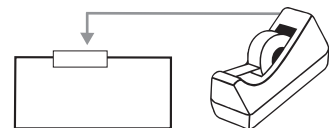
**Important:** Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



**1** fold top down



**2** fold bottom up



**3** Tape top shut

TAPE HERE **3**