statewide **SVRS** voter registration system

official use: Confidential Elector ID # (HINDI - sequential #) ___ — ___ SVRS ID # ___

VOTER REGISTRATION APPLICATION

❍ Submitted by Mail

Please Review and Print Clearly Note: If this is a change of address, your voting rights will be canceled at your previous residence. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide a photocopy of a "proof of residence" document. If you do not provide a photocopy of this document, you will be asked for identification the first time you vote.

ALD. DIST. | WARD

DATE:

❍ New WI Voter ❍ Name Change ❍ WI Address Change City: **MILWAUKEE** County: **MILWAUKEE**

Wisconsin Driver's License/State ID Number ___ — ___ — ___ — ___

Social Security Number - Last Four Digits (only if you do not have a valid WI Drivers License) ___

❍ I have neither a WI DOT issued ID nor a Social Security Number.

Current

Print your name exactly as it appears on the Identification Card used above. (D.L., State I.D., Soc. Sec.)

Last Name First M.I. (Circle) Jr., Sr., II, III, IV

Date of Birth (MM/DD/YY) / / Telephone Number

Address Apt. No.

City **MILWAUKEE** State **WISCONSIN** Zip Code

Previous

Last Name First M.I. (Circle) Jr., Sr., II, III, IV

Address

City State Zip Code

ELECTION COMMISSION (414) 286-3491 **OVER**

Please answer the following questions by checking "Yes" or "No"

1. Are you a citizen of the United States of America? ❍ Yes ❍ No
2. Will you be 18 years of age on or before election day? ❍ Yes ❍ No

If you checked "No" in response to EITHER of these questions, do not complete this form.

❍ I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, having resided at the above residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on election day: I further certify that I have not voted at this election. (Please fill in circle)

Signature of Elector Date (MM/DD/YY) / /

❍ I am interested in being a poll worker.

Accommodation needed at poll location (e.g., wheelchair access)

Special Registration Deputy _____
Print Name I.D. Number Signature

OFFICE USE ONLY

OR:	CA:	NC:	DUP:	D:	MOV: