MISSOURI VOTER REGISTRATION APPLICATION

USE PEN - PLEASE PRINT CLEARLY

PC

YOUR APPLICATION WILL BE CONFIRMED BY MAIL WITHIN 7 BUSINESS DAYS. CONTACT THE ELECTION AUTHORITY IF YOU DO NOT RECEIVE NOTIFICATION.

1 ☐ NEW REGISTRATION ☐ ADDRESS CHANGE ☐ NAME CHANGE

FOR OFFICE USE ONLY
REGISTRATION NO.

2 Mr. Mrs. Miss Ms.

LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX (CIRCLE) JR. SR. II III IV

3 ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX NO.) | CITY | COUNTY | ZIP CODE

4 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3 ABOVE) | CITY | STATE | ZIP CODE

5 DATE OF BIRTH | STATE OR COUNTRY OF BIRTH (OPTIONAL)

6 LAST FOUR DIGITS OF SS#*

7 DAYTIME PHONE NO. (OPTIONAL)

8 NAME AND ADDRESS ON YOUR LAST VOTER REGISTRATION

NAME _____

ADDRESS _____

CITY _____ STATE _____

COUNTY _____

9 RURAL VOTERS: COMPLETE THIS SECTION IF YOU LIVE OUTSIDE THE CITY LIMITS OF ANY CITY.

I live _____ miles N S E W (circle one) of _____ (landmark or junction).

Section, Township and range _____.

My neighbors are _____.

10 I hereby certify that I am a citizen of the United States and a resident of Missouri. I am at least seventeen and one half years of age. I have not been adjudged incapacitated by any court of law. If I have been convicted of a felony or a misdemeanor connected with the right of suffrage, I have had the voting disabilities from such conviction removed pursuant to law. I swear under penalty of perjury that all statements made on this card are true to the best of my knowledge and belief.

_____ _____

Date Signature

Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to $10,000.

REV. 7/99

*Last Four Digits of Social Security number is requested pursuant to §115.155, RSMo, and will be used only by authorized officials to combat voter fraud and facilitate orderly elections.