
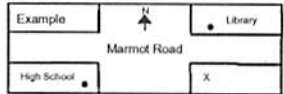
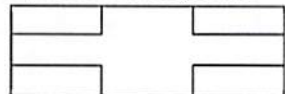
	<h1 style="margin:0;">Wisconsin Voter Registration Application</h1>						<input type="radio"/> Submitted by Mail <small>(Official Use Only)</small>
Confidential Elector ID# <small>(MINDI - sequential #) (Office Use Only)</small>				WisVote ID # <small>(Office Use Only)</small>			
Instructions	<p>Instructions for completion are on the back of this form. Return this form to your municipal clerk, unless directed otherwise.</p> <p> Proof of Residence (see reverse) must accompany this application unless you are a military or permanent overseas voter. If this is a change of address, upon completion of this application your voting rights will be cancelled at your previous residence. Please print your information clearly and legibly. Fill in circles as applicable.</p>						
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> Address Change	Municipality <input type="radio"/> Town <input type="radio"/> Village <input checked="" type="radio"/> City	Manitowoc				
		County Manitowoc					
2	WI Driver License or WI DOT-issued ID # (Req. if not expired or cancelled)				Expiration Date / /		<input type="radio"/> I have neither a WI Driver License/ ID nor a Social Security Number.
		Social Security Number - Last Four Digits (Req. if driver license or state ID is not issued, has expired, or has been cancelled)				X X X - X X -	
3	Last Name			First Name			
		Middle Name		Suffix (e.g. Jr, II, etc.)		Phone #	
		Date of Birth (MM/DD/YYYY)		Email Address			
If you are a military or permanent overseas elector, fill in the appropriate circle (see instructions for definitions) <input type="radio"/> Military <input type="radio"/> Permanent Overseas							
4	Residence Address: Street Number & Name						
		Apt. Number	City Manitowoc			State & ZIP WI 54220	
5	Mailing Address: Street Number & Name						
		Apt. Number	City			State & ZIP	
6	Last Name			First Name			
		Middle Name		Suffix (e.g. Jr, II, etc.)			
7	Previous Address: Street Number & Name						
		Apt. Number	City			State & ZIP	
8	Accommodation needed at poll location (e.g. wheelchair access): <input type="radio"/> I am interested in being a poll worker.			If you do not have a street number or address, use the map to show where you live.			
				<ul style="list-style-type: none"> • Mark crossroads • 'X' where you live • Use dots for landmarks 			
9	Please answer the following questions by filling in "Yes" or "No"						
		1. Are you a citizen of the United States of America?		<input type="radio"/> Yes <input type="radio"/> No		If you filled in "No" in response to EITHER of these questions, do <u>not</u> complete this form.	
		2. Will you be 18 years of age or older on or before the first election at which you will offer to vote?		<input type="radio"/> Yes <input type="radio"/> No			
10	I hereby certify, to the best of my knowledge, that I am a qualified elector, a U.S. citizen, at least 18 years old or will be at least 18 years old at the time of the first election at which I will offer to vote, having resided at the above residential address for at least 10 consecutive days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including incarceration, parole, probation, or extended supervision 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 in this election. Please sign below to acknowledge that you have read and understand the above.						
11	Elector Signature X		Today's Date / /		Proof of Residence Type (Official use only)		Proof of Residence Issuing Entity (Official use only)
				Proof of Residence # (Official Use Only)		Election Day Voter # (Official Use Only)	
Falsification of information on this form is punishable under Wisconsin law as a Class I felony.							
12	Assistant Signature:			Assistant Address:			
		Official's Signature:		Date Complete & POR Received		SRDs printed name and SRD#:	
				/ /			
Ward	Sch. District	Alder	City Supr.	Ct. of App.	Assembly	St. Senate	Congress