

MISSOURI VOTER REGISTRATION APPLICATION

Use this application to:

1. Register to vote in any election in Missouri.
2. Register to vote when you move from one jurisdiction (St. Louis City, Kansas City, or any county) to another jurisdiction (St. Louis City, Kansas City, or any county) within Missouri.
3. Change the address on a current voter registration when you move within a jurisdiction.
4. Change the name on a current voter registration.

Completing this form (All information is required unless indicated as optional):

Box 1 and 2 – Citizen and Age Requirements

Federal Law requires voter registration applicants to answer these two questions. If box 1 or 2 is left blank the registration will be incomplete and returned to the applicant.

Box 3 – Type of Application

Check appropriate box if this is a new registration or if you are changing a name or address on your current voter registration.

Box 4 – Name

Put in this box your full name (Last, First, Middle). DO NOT use nicknames or initials. For name changes, Box 12 should contain your old name.

Box 5 – Home Address

Put in this box your home address. DO NOT put your mailing address if it differs from your home address.

Box 6 – Mailing Address

If you get your mail at an address other than your home address in Box 5, put that address here.

Box 7 – Driver's License Number

Required for registration unless you do not have a Driver's License. (§115.158, RSMo.) If you do not have a Driver's License, leave blank.

Box 8 – Last Four Digits of Social Security Number

Required for registration unless you do not have a Social Security Number. (§115.155, RSMO, §115.158, RSMo.) If you do not have a Social Security Number, leave blank.

Box 9 – Date of Birth

Place your date of birth in this box (Month, Day, Year). DO NOT USE TODAY'S DATE.

Box 10 – Place of Birth (Optional)

List your place of birth (city/county/state).

Box 11 – Daytime Phone Number (Optional)

Please list a number at which the election authority may contact you for clarification of information.

Box 12 – Last Voter Registration Information

If you are currently registered, please list the name and address of your last registration and county.

Box 13 – Signature

Review the information. If you meet the requirements and all is correct, sign your full name or make your mark and print today's date.

Box 14 – Rural Voters

If you live in a rural area without a street address, please supply information which may help in placing you in the proper voting district.

If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.



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USE PEN – PLEASE PRINT CLEARLY

Code 02

1 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO		2 WILL YOU BE 18 YEARS OF AGE ON OR BEFORE ELECTION DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you checked no in response to either of the above questions, do not complete this form			
3 <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE		FOR OFFICE USE ONLY REGISTRATION NO.	
4 LAST NAME _____		FIRST NAME _____	
		MIDDLE NAME _____	
		SUFFIX (CIRCLE) JR. SR. II III IV <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5 ADDRESS WHERE YOU LIVE (HOUSE NO., STREET, APT. NO. OR RURAL ROUTE AND BOX-NO PO BOXES)		CITY _____	
		COUNTY _____	
		ZIP CODE _____	
6 ADDRESS WHERE YOU GET YOUR MAIL (REQUIRED IF DIFFERENT FROM #5 ABOVE)		CITY _____	
		STATE _____	
		ZIP CODE _____	
7 DRIVER'S LICENSE NUMBER IF YOU DO NOT HAVE A DRIVER'S LICENSE, PLEASE LEAVE BLANK _____		8 LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER PLEASE LEAVE BLANK _____	
9 DATE OF BIRTH (MM/DD/YYYY) _____ / _____ / _____		10 PLACE OF BIRTH (OPTIONAL) _____	
11 DAYTIME PHONE NO. (OPTIONAL) _____			
12 NAME AND ADDRESS ON LAST VOTER REGISTRATION NAME _____ ADDRESS _____ CITY _____ STATE _____ COUNTY _____ If currently registered in another state or county please complete this box.		13 I hereby certify that I am a citizen of the United States and a resident of the state 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 resulting 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. I understand that if I register to vote knowing that I am not legally entitled to register, I am committing a class one election offense and may be punished by imprisonment of not more than five years or by a fine of between two thousand five hundred dollars and ten thousand dollars or by both such imprisonment and fine. Date _____ Signature _____	
14 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 _____.			
<input type="checkbox"/> Check here if you are interested in working as an Election Judge. Warning: Conviction for making a false statement may result in imprisonment for up to five years and/or a fine up to \$10,000.			

STATE OF MISSOURI
VOTER REGISTRATION APPLICATION

Code 02

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES NO NO, already registered at current address

(If you check "NO", please sign or mark here _____)

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will **not** affect the amount of assistance you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding or in applying to register to vote, or your right to choose your own political party or other political preferences, you may file a complaint with the Secretary of State, PO Box 1767, Jefferson City, MO 65102; phone 1-800-669-8683.

Other Information:

1. You must be 18 years of age by the day of a particular election to be eligible to vote in that election.
2. If mailed, this form must be postmarked by the 4th Wednesday preceding an election to be eligible to vote in that election. If delivered in person, it must be received in the office of the election authority by the 4th Wednesday preceding an election.
3. Submitting this application to an individual other than the election authority does not insure timely voter registration.
4. After the election authority receives your voter registration application, you will be sent confirmation within 7 business days. If you do not receive confirmation contact the election authority.
5. If you wish to serve as an election judge on election day please contact your local election authority and mark the box at the bottom of this form.
6. Optional – If registering by mail for the first time, please submit a copy of one of the following forms of identification: current or valid photo ID, current utility bill, bank statement government check, paycheck or other government document that shows your name and address, birth certificate, Native American tribal document or other proof of United States citizenship. (You will be required to present identification when you vote.)