

Wisconsin Voter Registration Application

Please complete legibly
Additional instructions on reverse

Please return your completed form to
your municipal clerk

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| Qualifications please check each box if YOU: | 1 | If you cannot check every box, do NOT complete this form <input type="checkbox"/> Are a citizen of the United States <input type="checkbox"/> Will be at least 18 years old on or before Election Day <input type="checkbox"/> Have resided at the address provided below for at least 10 consecutive days prior to the election and do not currently intend to move <input type="checkbox"/> Are not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction |
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| Your Name | 2 | Last _____ Suffix (Jr., II, etc.) _____ First _____ Middle _____ |
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| About You phone number and email are optional | 3 | Date of Birth (MM/DD/YYYY) _____ / / Phone Number () _____ Email Address _____ |
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| The Address Where You Live your residential voting address, which cannot be a P.O. Box if you do not have a street address, please use the map on the back of this form | 4 | Street Address _____ Apt/Room # _____ City/Town/Village of _____ WI Zip _____ Mailing Municipality (if different) _____ Are you military or permanent overseas voter? <input type="checkbox"/> Military <input type="checkbox"/> Permanent Overseas |
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| Your Mailing Address if different from above | 5 | Street Address (or P.O. Box) _____ City/State/Country/Zip _____ |
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| Prior Registration Information complete this field if you are updating your registration due to a change in name or address | 6 | Full Name on Previous Registration _____ Full Address on Previous Registration (if known) _____ |
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| Identification (check the box that applies to you) WI Driver License or ID number required if unexpired and valid. SSN required if DL/ID not valid or never issued | 7 | <input type="checkbox"/> I have an unexpired and valid WI Driver License or WI DOT issued ID. Provide number and expiration date below _____ - _____ - _____ - _____ Expiration Date / / <input type="checkbox"/> I do not have a valid WI Driver License or WI DOT issued ID Provide the last four digits of your Social Security Number XXX-XX-_____ <input type="checkbox"/> I have neither a valid WI Driver License/ID nor a Social Security Number (see back for more information and next steps) |
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| Proof of Residence military and permanent overseas voters are <u>not</u> required to provide proof of residence | 8 | <input type="checkbox"/> Voters must provide a proof of residence document when registering to vote. Please check this box to affirm that you are providing a copy of a valid form of proof of residence with this application Examples include: a copy of a valid and unexpired Wisconsin Driver License or ID Card, a utility bill, a paycheck/pay stub, or correspondence from a unit of government (see back of application for additional information and examples) |
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| Signature and Certification | 9 | By signing below, I hereby certify that, to the best of my knowledge, I am a qualified elector , having resided at the above residential address for at least 10 consecutive days immediately preceding this election, that I have no present intent to move, and I have not voted in this election. I also certify that I am not otherwise disqualified from voting and 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 X _____ / / Voter Signature Today's Date |
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Falsification of information on this form is punishable under Wisconsin law as a Class I felony

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| Assistant if someone assisted you by signing this form, they must complete this section | 10 | X _____ Assistant Signature Assistant Address |
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| This Section for Official Use Only | | | | | | | | | | | | | |
|------------------------------------|---------------|-------|-------------|----------------------|----------|------------|--|-----|--------|---------------------------------|----------|-----|-------|
| Proof of Residence Type | WI DL | WI ID | UTIL | BANK/CC | PYCK | STDNT ID | GOV DOC | LSE | GOV ID | EMPL ID | RES CARE | TAX | HMLSS |
| Proof of Residence Issuing Entity | | | | Proof of Residence # | | | Date Complete/POR Received / / | | | Election Day Voter Number | | | |
| WisVote ID # _____ | | | | | | | <input type="checkbox"/> Submitted by Mail | | | X _____ Official's Signature | | | |
| Ward | Sch. District | Alder | City. Supr. | Ct. Of App. | Assembly | St. Senate | Congress | | | | | | |