

MINNESOTA VOTER REGISTRATION APPLICATION

Complete lines 1 through 7. Please print clearly.

Personal Information and Qualifications

1	Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Election Official Use Only IP M AB		
2	Are you at least 16 years old and will you be at least 18 years old on or before the day of the election in which you intend to vote? Yes <input type="checkbox"/> No <input type="checkbox"/> If you mark "NO" to either of these questions, DO NOT complete this form.			
3	Last name or surname	First name	Middle name	Suffix
4	Address where you live (residence) Apt. number City ZIP code			
If mail cannot be delivered to the address above, provide P.O. Box City ZIP code				
If you do not have a physical address, describe where you live, with sufficient detail that your voting precinct can be determined				
5	Date of Birth (not today's date)	School District (if known)	County where you live	
Phone number		Email address		
6	Mark one box and provide the number that applies to you: <input type="checkbox"/> I have a MN-issued driver's license or MN ID card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card. The last four digits of my Social Security Number are: XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.			

Registration Update – Are you currently registered under a different name or address?

Previous last name	Previous first name	Previous middle name
Previous address where you were last registered City State ZIP Code		

Read And Sign Only If All Parts Apply To You.

7	<p>I certify that I:</p> <ul style="list-style-type: none">• am at least 16 years old and understand that I must be at least 18 years old to be eligible to vote;• am a citizen of the United States;• will have maintained residence in Minnesota for 20 days immediately preceding election day;• maintain residence at the address or location given on the registration form;• am not under court-ordered guardianship in which the court order revokes my right to vote;• have not been found by a court to be legally incompetent to vote;• am not currently incarcerated for a conviction of a felony offense; and• have read and understand this statement, that giving false information is a felony punishable by not more than 5 years imprisonment or a fine of not more than \$10,000, or both. <p>Sign Here X _____ Date: ____ - ____ - 20____</p>
----------	---

Election Judge Official Use Only

W _____ P _____ SD _____ Initials _____	ID with Current Name & Address ID Number: _____ <input type="checkbox"/> MN Driver's License, Learner's Permit, MN ID Card, or Receipt <input type="checkbox"/> Tribal ID Card	Photo ID + Document with Current Name & Address Document Type: _____ Photo ID Number: _____ <input type="checkbox"/> Driver's License, Learner's Permit or State ID Card <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID or Veteran ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Student ID	Other <input type="checkbox"/> Vouched For <input type="checkbox"/> Notice of Late Registration <input type="checkbox"/> Valid Registration in Same Precinct <input type="checkbox"/> ID with College List *Record ID type and number using form to the left
--	--	--	--

For more information on voting or state election results go to the Minnesota Secretary of State web site at **sos.mn.gov** or call toll free **1-877-600-VOTE (1-877-600-8683)** or use Minnesota Relay Service at 1-800-627-3529 or 711. Special assistance is available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

(For administrative label)

Confidentiality Notice: Your exact date of birth, email address, and any ID number you give (Minnesota driver's license, state ID or last four digits of social security number) are private. Only election officials and other authorized government agencies may access this information. Election officials use your exact date of birth and ID number to confirm your identity with the Minnesota Department of Public Safety or Social Security Administration. If you have an ID number but refuse to give it, your application may be incomplete and you may have to apply again or show proof of residence before you can vote. Election officials ask for your email so they can contact you about your application. Also, the Office of the Secretary of State may email you (or contact you another way) about voting and elections, or ask for public input on voting or election-related issues. The rest of the data on your application is public when used for elections, political, law enforcement or jury selection purposes. If you need to keep your contact data private because of personal safety concerns, call 1-877-600-8683.

Voucher Form

Use this form only if you are registering to vote with a voucher as your proof of residence

I, _____ swear or affirm that (Check one):
(Name of Voucher)

☐ I am pre-registered to vote in this precinct Voter ID # : _____
(to be completed by the election judge)

☐ I registered in this precinct today and did not have another person vouch for me

☐ I am an employee of a residential facility _____
(Name of residential facility)

Residential Address of Voucher or Address of Residential Facility

Street Address	City
----------------	------

Telephone number:	E-mail address (optional)
-------------------	---------------------------

I personally know that _____ is a resident of this precinct.
(Name of person registering)

Signature of Voucher

Election Judge Official Use Only

Subscribed and sworn to before me

_____/_____/_____
Date

Signature of Election Judge