

PENALTY FOR FALSIFYING REGISTRATION DECLARATION

WARNING: If a person signs an official registration application knowing a statement declared in the application to be false, makes a false registration, or furnishes false information, the person commits perjury. Perjury is punishable, upon conviction, by a term of imprisonment not exceeding seven years, or a fine not exceeding \$15,000, or both, at the discretion of the court. Submitting an application containing false information may also subject a person to other penalties, including loss of the right of suffrage, under state or federal law.

▼ PENNSYLVANIA VOTER REGISTRATION APPLICATION ▼

DO NOT WRITE IN SHADED AREAS

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you checked "No" in response to either of these questions, do not complete this form.	
	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party <input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.			Place PA Driver's License (DL) # here
3	Mr Mrs Miss	Last Name	First Name	Middle Name/Initial
				Jr Sr II III IV
				DL # <input type="text"/>
				If no PA DL#, place SS# (last 4 digits) <input type="text"/>
4 a	Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above)			Apt #
				State PA Zip Code 4 b ()
4 c	Municipality where you live	County where you live	5 Mailing Address (if different than address of residence)	
				City State Zip Code
6	Date of Birth	7 Race (Optional)	8 Name on previous registration	
	/ /		a	
8 b	Address of previous registration		County of previous registration	Year of previous registration
				9 In which party do you wish to register? <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Other (Please Specify): _____ <input type="checkbox"/> No affiliation
10	Name and signature of person who assisted in the completion of this application		▼ Place signature with full name (or mark) below. ▼ (Please see Penalty for Falsifying Declaration.)	
	Address		X	
11	I HEREBY DECLARE THAT: (1) On the day of the next election I will have been a United States citizen for at least one month. I will be at least 18 years of age , and I will have resided in Pennsylvania and in my election district for at least 30 days; (2) I am legally qualified to vote. AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury.			
			Print Your Name Below ▼	Date: / /
12	Voter Identification Number (If Available)	DATE OF REGISTRATION	DISTRICT	COUNTY VOTER I.D. #
	<input type="checkbox"/>			
	Requires assistance: <input type="checkbox"/>	Reason for assistance:		

OFFICIAL USE ONLY