

Wisconsin Voter Registration Application

Please complete legibly
Additional instructions on reverse

Please return your completed form to
your municipal clerk

Qualifications please check each box if <u>YOU</u> :	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 28 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											
Your Name	2	Last _____ Suffix (Jr., II, etc.) _____ First _____ Middle _____											
About You phone number and email are optional	3	Date of Birth (MM/DD/YYYY) _____ Phone Number (____) _____ Email Address _____											
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											
Your Mailing Address if different from above	5	Street Address (or P.O. Box) _____ City/State/Country/Zip _____											
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) _____											
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)											
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)											
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 28 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 ____/____/____											
Falsification of information on this form is punishable under Wisconsin law as a Class I felony													
Assistant if someone assisted you by signing this form, they must complete this section	10	X _____ Assistant Signature Assistant Address _____											
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									
Confidential Elector ID # _____	Ward _____ Sch. District _____ Alder _____ Cty. Supr. _____ Cl. Of App. _____ Assembly _____ St. Senate _____ Congress _____												