Office of the FSM National Election

P.O. Box PS156
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Director's Office

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VOTER REGISTRATION APPLICATION AND SWORN AFFIDAVIT

1. Purpose of Application: ☐ Registration to vote for the first time
   ☐ Changing State and/or Election District of registration
   ☐ Changing name of registration

2. Full Name: _____ _____ _____
   First Name *M.I.* *Last Name*

3. Date of Birth: _____

4. Gender: ☐ Male ☐ Female 5. SS #:_____ Hosp. #._____

6. Polling Place: _____
   Village *Municipality* *ED #:* *State*

7. Current Mailing Address: _____
   P. O. Box # or Street No. *City/Village* *State* *Zip Code*

8. I have previously registered to vote in the FSM: ☐ Yes ☐ No
   If yes, please list prior place of registration (continue back of page if more than one)

   _____
   Village *Municipality* *ED #* *State*

   Under the name of: _____

9. I am a citizen of the FSM: ☐ Yes ☐ No

10. I have resided in the State and Election District in which I wish to register since _____.

11. I am currently under parole, probation or sentence for any felony for which I have been convicted by any court of the FSM: ☐ Yes ☐ No

12. I am currently under a judgment of mental incompetency or insanity: ☐ Yes ☐ No

VOTER IDENTIFICATION CARD:

I hereby request to be issued Voter Identification Card in the above name. ☐ Yes ☐ No
If yes, attach a current passport size 2" x 2" photo

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this application is true and correct.

← **Applicant's Signature**

_____
Date

Applicant must submit one of the following as proof of identification:
(1) Passport (2) Driver's License (3) Birth Certificate or (4) Baptismal Certificate

FOR OFFICIAL USE ONLY

Registration #: _____

Subscribed and sworn before me this _____ day of _____, _____
Month Year

_____ _____
Name of Notary Public (Print) Signature of Notary Public