## **VOTER REGISTRATION FORM**

You may complete this application IF YOU ARE NOT A REGISTERED VOTER IN YOUR CONNECTICUT TOWN OF RESIDENCE. Use the enclosed return envelope to submit this registration application. If you do not receive a notice of acceptance or rejection within three weeks, contact the Registrar of Voters.

				F YOU CHECKED "NO" TO EITHER OF THESE QUESTIONS, DO NOT COMPLETE THIS FORM.		
FULL NAME OF APPLICANT FIRST / LAST NAME			DATE OF B		GENDER  ■ MALE ■ FEMALE	
ADDRESS WHERE YOU LIVE STREET ADDRESS / CITY / STATE / ZIP						
ADDRESS WHERE YOU RECEIVE MAIL (If Different)				TELEPH(	TELEPHONE NO. (Optional)	
PREVIOUS VOTING RESIDENCE (Number & Street, Apt. No., City or Town, County, State, Zip Code – if none, write "NONE")				PREVIOU	PREVIOUS NAME (If different)	
DO YOU WISH TO ENROLL IN A POLITICAL PARTY? ☐ NO ☐ YES – If yes, indicate Name of Party ☐ DEMOCRATIC ☐ REPUBLICAN ☐ OTHER				CT DRIV	CT DRIVER'S LICENSE OR ID NO.	
I swear/affirm that: I am a U.S. citizen; I live at the address indicated above; I will be least 18 years old within the next year; I have not been convicted of a disfranchising felony, or if so, my voting rights have been restored; the above information is true. (NOTE; penalties of perjury: five years imprisonment and \$5,000 fine. Declining to register to vote and the particular office at which you register to vote remain confidential and will be used only for voter registration purposes.)						
SIGNATURE OF APPLICANT				DATE SI	DATE SIGNED	
X						
BELOW COMPLETED ONLY BY REGISTRAR OF VOTERS						
DATE RECEIVED BY REGISTRAR	REGISTRAR INITIAL	APPLICATION IS HEREBY  □ ACCEPT □ REJECT	□ NOTICE RETU	RNED UNDEL	IVERABLE DATE NOTICE MAILED	
DATE ENROLLMENT EFFECTIVE IF	REASON FOR REJECTION					

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