

**CITY OF MILWAUKEE ELECTION COMMISSION
VOTER REGISTRATION APPLICATION**

VOTING QUALIFICATIONS

- By marking this circle, I certify that I am a qualified elector:**
- I am a United States citizen
 - I will be at least 18 years old on the day of or before the next election
 - I am not currently serving a sentence, including probation, parole, or extended supervision, for a felony conviction
 - I will have lived at my address for at least 10 days before the next election with no present intent to move
 - I am not otherwise disqualified from voting

If you do not meet each of these qualifications, you are not qualified to register. Do not complete this form.

I am registering to vote because (select one):

- I was **previously registered** to vote in Wisconsin, but my **name and/or address** has changed.
NOTE: If this is a change of address, your voting rights will be cancelled at your previous residence.
- I am a **new** Wisconsin voter.
 NEW WI VOTERS: *If you are submitting your completed form by MAIL, you must include a photocopy of a proof of residence document. Visit our web site or call for information on acceptable documents. If you do not provide this document, you will be asked for identification the first time you vote.*

IDENTIFICATION

If you have been issued a Wisconsin (WI) Driver License or a WI State ID, record the ID number:

_____ - _____ - _____ - _____

If you have never been issued a WI Driver License or State ID, record the last 4 digits of your Social Security Number:

X X X - X X - _____

- Check this circle if you have never been issued a WI Driver License, WI ID or a Social Security Number.

CURRENT

PRINT your name EXACTLY as it appears on your identification - WI DL/ID or SSN (as recorded above):

Last Name:	Middle Name/Initial (if any on ID):
First Name:	Circle: Jr., Sr., II, III, IV
Address:	Apartment/Unit Number:
Date of Birth (Month/Date/Year):	Telephone Number: ()
City of Milwaukee, WI	Zip Code:

PREVIOUS

If your name and/or address has changed since you last registered, what was your previous name/address?

Last Name:	Middle:	First Name:
Address:	Apt./Unit Number:	
City:	State:	Zip Code:

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.



VOTER SIGNATURE HERE _____ **Date (Month/Date/Year)** _____

- I would like information on serving as a City of Milwaukee election worker.

IF APPLICABLE, TO BE COMPLETED BY SPECIAL REGISTRATION DEPUTY (SRD):

SRD Print Name:	Signature:	ID Number:
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OFFICE USE ONLY	District: _____	Ward: _____	NV _____	AC _____	NC _____	DUP _____
CONF VTR ID# _____	- _____	SVRS ID# _____	Init / Date _____			

Return this completed form to: **City of Milwaukee Election Commission**
200 E. Wells St., Room 501, Milwaukee, WI 53202
414-286-3491
 For information on where to vote, go to www.milwaukee.gov/election