



NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black or blue ink and print legibly.

06w

FOR OFFICE USE ONLY	
Date Received	

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS ABOVE, DO NOT SUBMIT THIS FORM.

2	Last Name (Required)	First Name (Required)	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II
	Middle Name (Required)	Date of Birth MMDDYYYY (Required)	<input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
	If you know your NC Voter Registration Number, please enter it here:	County of Birth	State of Birth

3	Do you have a NC Driver's License or DMV-issued identification card? If yes, provide the number. <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you do not have a NC DMV-issued license or ID card, do you have a Social Security Number? If yes, provide the last 4 digits. <input type="checkbox"/> Yes <input type="checkbox"/> No X X X - X X -

RESIDENTIAL ADDRESS INFORMATION (STREET ADDRESS WHERE YOU LIVE) - No P.O. Boxes or Rural Routes

4	Street Address where you live (Required)	Apartment, Lot, or Unit Number
	City (Required)	State N C Zip Code
	County	Have you lived here for 30 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," date moved? MMDDYYYY	Phone (Optional)

MAILING ADDRESS

5	Mailing Address (if different from your residential address)
	City State Zip Code

MAP/DIAGRAM

If you do not have a street address, draw a map of where you reside. Please include roads and landmarks.

6	GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino
	If you indicate a political party that is not currently qualified or you do not indicate a choice, you will be listed as "Unaffiliated."			

PREVIOUS REGISTRATION (Name & Address used for your last voter registration - If applicable)

7	Last Name used in Previous Registration	First Name
	Previous Address	State Zip Code
	Previous City	Previous County

I Attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years old, or will be at the time of the next general election, or I am at least 16 years old and understand that I must be at least 18 years old on Election Day of the general election in order to vote;
- I shall have been a resident of North Carolina, this county, precinct, or other election district for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation or parole. (Citizenship and voting rights are automatically restored upon completion of the sentence. No special document is needed.)

WARNING: If you sign this form and know it to be false, you can be convicted of a Class I felony.

Signature (Required)

Date