



# MAINE VOTER REGISTRATION APPLICATION

**PARTY AFFILIATION**  
This portion must be completed.

### Federally required questions:

- ◆ Are you a citizen of the United States of America?  YES  NO
- ◆ Will you be 18 years of age on or before election day?  YES  NO

(If you checked "no" in response to either of these questions, do not complete this form.)

- Democratic
- Green Independent
- Republican
- Other \_\_\_\_\_
- I do not wish to enroll in a political party at this time.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>DATE OF BIRTH</b> ____/____/____ MM DD YY
<b>STREET OR LOCATION ADDRESS (Where you live)</b> (STREET NAME AND NUMBER, <u>NOT</u> A P.O. BOX) CITY, TOWN, PLANTATION OR TOWNSHIP			
<b>CURRENT MAILING ADDRESS (If different from address above)</b>			
NUMBER AND STREET OR P.O. BOX, etc.		CITY/TOWN	ZIP CODE
<b>PREVIOUS REGISTRATION ADDRESS (Complete or write "none" below)</b>			<b>TELEPHONE</b> (Optional)
CITY/TOWN	COUNTY	STATE ZIP CODE	

**COMPLETE BOTH SIDES OF THIS CARD - PLEASE PRINT**

# MAINE VOTER REGISTRATION APPLICATION

**- COMPLETE BOTH SIDES OF THIS CARD-**

<b>CHANGE OF NAME</b> (Prior legal name, if applicable) _____ LAST FIRST MIDDLE	<b>VOTER ID:</b> By federal law, you must provide the applicable ID number, as follows:  1. Your Maine Driver's License number; or 2. If you don't have a Maine Driver's License, the last 4 digits of your Social Security Number; or 3. Write "none" if you don't have either ID. _____ _____ _____ _____ _____ _____
<b>SIGN AND DATE THIS CARD.</b> Under penalty of law, I certify that the information on this card is true.  _____ Signature of Applicant Date	
<ul style="list-style-type: none"> <li>Failure to complete this entire application may prevent registration.</li> <li>Deliver or mail this completed card to your local registrar or to the Maine Division of Elections: #101 State House Station, Augusta, ME 04333-0101.</li> <li><b>If you mail this card</b>, you must include a photocopy of your Maine driver's license, or utility bill or a government document that shows your name and address.</li> <li>This properly completed application must be received by the municipal registrar 10 business days or more before an election. <u>If less than 10 business days</u> before an election, <u>you must register in person</u>.</li> <li>For election information, call 207-624-7650 or visit <a href="http://www.maine.gov/sos/cec/elec/">www.maine.gov/sos/cec/elec/</a>.</li> </ul>	

### FOR REGISTRAR'S USE ONLY

- Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Ward: \_\_\_\_\_ Precinct: \_\_\_\_\_
- Address/Name Change
  - Enrollment Change
  - Duplicate Application
  - New Registration
    - Received in mail from voter
    - Voter identification provided or matched
    - Received in person
    - Received from the Secretary of State, a voter registration drive or another third party