

## PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

COUNTY PRECINCT	MUNICIPAL PRECINCT	DISTRICT COMBO	DPS APPLICATION NUMBER	REGISTRATION NUMBER
OFFICE USE ONLY				
LAST NAME		FIRST NAME		MIDDLE OR MAIDEN NAME
				SUFFIX <input type="checkbox"/> JR. <input type="checkbox"/> SR. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
RESIDENCE ADDRESS: HOUSE NUMBER & STREET NAME		APARTMENT NUMBER	CITY	STATE   ZIP CODE   COUNTY
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS): POST OFFICE BOX OR ROUTE			CITY	STATE   ZIP CODE
SOCIAL SECURITY NUMBER:	<b>I SWEAR OR AFFIRM THAT:</b> I am a citizen of the United States and a resident of Georgia. <b>Check one:</b> YES _____ NO _____ I reside at the address listed above. I am 18 years of age or older or will be 18 within six months of the date of this application. I am eligible to vote in Georgia. I am not serving a sentence for having been convicted of a felony involving moral turpitude. I have not been judicially declared to be mentally incompetent.			
DATE OF BIRTH:				
MONTH   DAY   YEAR				
GENDER:				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
RACE/ETHNICITY:	<div style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <div style="text-align: center; font-size: 2em; color: blue;">X</div> <div style="text-align: center; color: blue;">SIGNATURE</div> </div>			
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO				
<input type="checkbox"/> OTHER: _____				
TELEPHONE NUMBER:				
<b>WARNING:</b> Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony. O.C.G.A. § 21-2-561				
Signature of person assisting illiterate or disabled voter:				
<b>CHANGE OF ADDRESS:</b> If you are changing your address or if you were previously registered to vote, list your previous address: House# and Street Name   Apt. #   City   County   State   Zip				
<b>CHANGE OF NAME:</b> If you are changing your name, list the name under which you were previously registered: Last Name   Suffix (Jr. Sr., etc.)   First Name   Middle or Maiden Name				
<b>MAP/DIAGRAM:</b> If you live in an area without house #'s and street names, please provide us with a drawing of the location of your residence to assist us in locating your appropriate districts and voting precinct.				
<b>STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION</b>				
<b>INSTRUCTIONS:</b> Complete this form with your full legal name, including any suffix such as Sr., Jr., III, if you wish to register to vote in Georgia, or if you need to change the name or address of your current voter registration. Qualifications to register to vote are shown both above the signature line on this application and on the backside of this form. It is a felony to register to vote knowing that you do not possess the qualifications or if you knowingly give false information on this form.				
The following information is <b>required</b> on the registration form: Full legal name; residence address; mailing address, if different from residence; social security number (by O.C.G.A. § 21-2-219 and 21-2-220 this number is kept confidential pursuant to O.C.G.A. § 21-2-225 and is used to verify the identity of voters); date of birth; date you complete application; and your signature. Race and gender are requested and are needed to comply with the Voting Rights Act of 1965, but are not mandated by law. A telephone number where you can be reached during normal business hours is helpful to registration officials if they have a question about your application.				
After completing the application, read the oath and sign your name. If you cannot sign your name (and make a mark instead) because of physical disability or illiteracy, the person completing the application for you <b>MUST</b> also sign the application in the space for person assisting voter. Fold the application, place in an envelope, and the application is ready for you to <b>personally mail</b> to: Secretary of State, Elections Division, 1104 West Tower, 2 MLK Jr. Drive SE, Atlanta, Georgia 30334-1505. You may also <b>personally deliver</b> the application to your county voter registrar.				
You are <b>NOT</b> officially registered to vote until this application is approved. You should receive a voter precinct card in the mail. IF YOU DO NOT RECEIVE THIS ACKNOWLEDGEMENT WITHIN TWO WEEKS AFTER MAILING THIS FORM, OR IF YOU HAVE FURTHER QUESTIONS, PLEASE CONTACT YOUR <b>LOCAL VOTER REGISTRATION OFFICE</b> . You can also contact the Secretary of State, Elections Division, 1104 West Tower, 2 Martin Luther King, Jr. Drive SE, Atlanta, Georgia 30334-1505. Telephone: (404) 656-2871.				
<b>CATHY COX, SECRETARY OF STATE</b>				