REGISTER AND VOTE

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PENNSYLVANIA VOTER REGISTRATION MAIL APPLICATION

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DO NOT WRITE IN SHADED AREAS

1 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.

2 ☐ New Registration ☐ Change of Name ☐ Change of Address ☐ Change of Party ☐ I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.

Place PA Driver's License (DL) # here
DL # | | | | | | | | |
If no PA DL#, place SS# (last 4 digits) | | | | |

3 Mr / Mrs / Miss | Last Name | First Name | Middle Name/Initial | Jr Sr II III IV

4a Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above) | Apt # | State PA | Zip Code | **4b** Telephone Number (Optional) ( )

4c Municipality where you live | County where you live | **5** Mailing Address (if different than address of residence) | City | State | Zip Code

6 Date of Birth / / | **7** Race (Optional) | **8a** Name on previous registration

8b Address of previous registration | County of previous registration | Year of previous registration

9 In which party do you wish to register?
☐ Democratic
☐ Republican
☐ Other *(Please Specify)*: _____
☐ No affiliation

10 Name and signature of person who assisted in the completion of this application
Address

▼ *Place signature with full name (or mark) below. (Please see Penalty for Falsifying Declaration.)* ▼

11 I HEREBY DECLARE THAT:
(1) On the day of the next election I will have been a **United States citizen** for at least one month. I will be **at least 18 years of age,** and I will have **resided in Pennsylvania** and in my election district for at least 30 days;
(2) I am legally qualified to vote.

AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury.

X _____

Print Your Name Below ▼ | Date: / /

12 Voter Identification Number (If Available) ☐☐☐☐☐☐☐☐☐ – ☐☐

DATE OF REGISTRATION | DISTRICT | COUNTY VOTER I.D. #

Requires assistance: ☐ | Reason for assistance:

FOR PLANNED PARENTHOOD USE ONLY
The information requested below is OPTIONAL and is not part of the official Pennsylvania Voter Registration Application

Join the Planned Parenthood Action Network!

Find out what we're doing in YOUR community!

Email: _____ **Phone Number:** _____ **Cell Phone:** _____
We will send you a text message as a reminder to vote on election day!

☐ **Sign me up for the One Million Strong Campaign!**
Your help will allow us to identify, energize, and mobilize one million pro-choice voters to go to the polls in November 2008.

ONE MILLION
STRONG