

# Registration Form

<b>NEW or RE-ACTIVATED REGISTRANT (VOTER)</b>	<b>CURRENT INFORMATION (PLEASE PRINT CLEARLY)</b>				
	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	
	<b>House #</b>	<b>Street Name</b>	<b>Apt #</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
	<b>Date of Birth</b>		<b>Gender</b>	<b>Phone #</b>	
	/ /				
	<b>GENERAL QUALIFICATIONS</b>				
	I am a citizen of the United States.				
	I am (or will) be 18 years old or more on the date of the election.				
I have lived in the school district for at least 30 days before this election.					
This is my signature or mark on the line below. The above information is true.					
<b>Registrant Signature</b> ✍ :			<b>Date:</b>		

<b>UPDATE VOTER INFORMATION</b>	<b>YOUR CORRECT OR CURRENT INFORMATION (PLEASE PRINT CLEARLY)</b>				
	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Suffix</b>	<b>Date of Birth</b>
					/ /
	<b>House #</b>	<b>Street Name</b>	<b>Apt #</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
	<b>INCORRECT INFORMATION ONLY AS IT APPEARS IN THE REGISTRATION BOOK</b>				
	<b>PRINTED IN BOOK AS - Last Name</b>		<b>PRINTED IN BOOK AS - First Name</b>		<b>MI</b> <b>Suffix</b>
	<b>House #</b>	<b>Street Name</b>	<b>Apt #</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
	<b>Date of Birth</b>		<b>PAGE #</b>	<b>LINE #</b>	
	/ /				
<b>Registrant Signature</b> ✍ :			<b>Date:</b>		

<b>DELETE or REMOVE VOTER</b>	<b>DELETE (REMOVE) VOTER (PLEASE PRINT CLEARLY)</b>			<input checked="" type="checkbox"/> <b>REASON BELOW</b>	
	<b>PAGE #</b>		<b>LINE #</b>		<input type="checkbox"/> Moved out of District <input type="checkbox"/> Duplicate Voter <input type="checkbox"/> Voter Deceased
	<b>Last Name</b>		<b>First Name</b>		
	<b>Date of Birth</b>	/ /			
	<b>Info Source</b>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member: _____			<input type="checkbox"/> Other: _____
	<b>Source Signature</b> ✍ :			<b>Date:</b>	

<b>****For Official use only****</b>			
<b>Check if Applicable:</b>			<b>11/2019</b>
<input type="checkbox"/> County BOE Permitted Registrant to Vote (name not found in our books). <input type="checkbox"/> Change the Registrant's Poll Place: From: _____ To: _____			
<b>Please Complete</b>	<b>Did the registrant Vote Today</b> <input type="checkbox"/> YES    or <input type="checkbox"/> NO		<b>Please Complete</b>
<b>Inspector Signature:</b>	<b>Print Name</b>	<b>Date</b>	
<b>District Clerk's Authorization</b>	<b>Date</b>	<b>***** PRINT SCHOOL DISTRICT NAME *****</b>	