

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

New Kansas registrants: only fill out this top section. Current registrants changing name or address: fill out this top section as well as the bottom section.

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)	This space for office use only.
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1	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV	
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
4	Date of Birth	5	Telephone Number (optional)		ID Number - (See item 6 in the instructions for your state)	
	_____ Month Day Year				Either KS Driver's License or last 4 digits of your Social Security Number.	
7	Choice of Party (see item 7 in the instructions for your State) <div style="border: 1px solid blue; padding: 2px; display: inline-block;">CAN LEAVE BLANK</div>	8	Race or Ethnic Group (see item 8 in the instructions for your State) <div style="border: 1px solid blue; padding: 2px; display: inline-block;">NOT REQUIRED</div>			

You do not have to declare a party. If you leave box 7 blank, you will be registered as "unaffiliated." If you want to vote in a primary election, you need to be registered with a party.

You do not have to fill in box 8 according to KS law.

Please sign full name (or put mark) ▲ _____	Date: _____ Month Day Year
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If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

If you are a new registrant, STOP HERE. The below section is only for change of name or address.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Name(s)	<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/> IV
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

B Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 	NORTH ↑									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">C Example</td> <td style="width: 10%; border-left: 1px solid black; padding: 5px;">Route #2</td> <td style="width: 65%; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Public School ●</td> <td style="width: 50%; padding: 5px;">● Grocery Store</td> </tr> <tr> <td style="width: 50%; padding: 5px;"></td> <td style="width: 50%; padding: 5px;">Woodchuck Road</td> </tr> <tr> <td style="width: 50%; padding: 5px;"></td> <td style="width: 50%; padding: 5px; text-align: right;">X</td> </tr> </table> </td> </tr> </table>	C Example	Route #2	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Public School ●</td> <td style="width: 50%; padding: 5px;">● Grocery Store</td> </tr> <tr> <td style="width: 50%; padding: 5px;"></td> <td style="width: 50%; padding: 5px;">Woodchuck Road</td> </tr> <tr> <td style="width: 50%; padding: 5px;"></td> <td style="width: 50%; padding: 5px; text-align: right;">X</td> </tr> </table>	Public School ●	● Grocery Store		Woodchuck Road		X	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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	Woodchuck Road									
	X									

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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Mail this application to the address provided for your State.