

VOTER REGISTRATION APPLICATION

SVRS # Office Use Only _____

County: Outagamie Calumet Winnebago

Municipality City of Appleton

PRINT your name exactly as it appears on your Wisconsin Driver License or State issued ID:

Last Name _____ First Name _____ Middle Initial or Name _____ Suffix (Jr., III) _____

Current APPLETON Voting Residence Address:

Street Number and Name _____ Apt. Number _____

APPLETON _____

City _____ WI _____ State _____ Zip _____

New WI Voter

Name Change

WI Address Change

Date of Birth ____/____/____ **WI DL Expiration Date** ____/____/____

Wisconsin Driver License/ID Number _____ - _____ - _____

(DL # required if issued)

Last four digits of Social Security Number (only if no license/ID number) _____

I have NEITHER a WI Driver License/WI DOT-issued ID nor a SS Number

Mailing Address - ONLY if **different** from the above address.

_____ or _____

P.O. Box _____ Street Number and Name _____

Apt. Number _____ City _____ State _____ Zip _____

Previous Information (Required):

Last Name _____ First Name _____ Middle Initial or Name _____ Suffix (Jr., III) _____

Street Number and Name _____ Apt. Number _____

City _____ State _____ Zip _____

Please answer the following questions by filling in "Yes" or "No"

1. Are you a citizen of the United States of America? Yes No

2. Will you be 18 years of age on or before election day? Yes No

If you filled in "no" in response to EITHER of these questions, do not complete this form.

I certify that I am a qualified elector, a U.S. Citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 28 consecutive days immediately preceding this election, with no present intent to move. I am not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on Election Day: I further certify that I have not voted in this election.

Please sign below to acknowledge that you have read and understand the above.

Signature of Elector X _____ Date ____/____/____

Falsification of information on this form is punishable under Wisconsin law as a Class I felony.

OFFICIAL USE ONLY			
Ward #	District #	Type of Proof of Residence/ID	Proof #
Elector telephone number (optional) (____) - ____ - _____		Confidential Elector ID#	Registered after Close
Officials Signature (election official or special registration deputy) X		Registered by Mail	
		Election Day Voter #	

Voter Registration Application Instructions

Note: If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you MUST provide a current copy of your photo identification with this application. The following forms of photo identification are acceptable:

- A copy of a current and valid Wisconsin Driver's License
- A copy of a current DOT issued Identification card
- A copy of a Military Identification Card
- A copy of a U.S. Passport

This form should be submitted to the City of Appleton Municipal Clerk, 100 N. Appleton Street, 6th floor City Hall, Appleton, WI 54911-4799.

How to fill out the form:

- 1) Mark the appropriate County in which you reside.
- 2) Current Information: Fill last name, first name, and if applicable, your middle name or initial and suffix as it appears on your WDOT license or ID. Provide your current home address (legal voting residence). This residence must be located in the City of Appleton. The full house number must be filled in, including those house numbers ending in a fraction like "1/2". You may not enter a post office box as a voting residence.
- 3) Identification Section: Provide a WI Driver License or other WI Department of Transportation (DOT)- issued identification number. If you have, but do not provide a DOT-issued driver license/identification number, your voter registration application cannot be processed and you will not be allowed to vote until this information is provided. Provide your WI Driver License expiration date. If you have not been issued a WI Driver License/WI DOT issued identification card, provide the last four digits of your social security number. If you have neither a driver's license or other WI DOT –issued identification number, nor a social security number, indicate this by filling in the appropriate box. Fill in your date of Birth (example – 2/3/1967)
- 4) Current Mailing Information, if different from above: If your mailing address is different from your home address, or you use a P.O. Box to receive your mail, supply the address in the space provided.
- 5) Previous Information: If your name has changed, indicate your previous first name, last name, middle initial or name and suffix if applicable; no nicknames. Provide this information regardless of the time elapsed since your name change. If you have a previous address, provide the relevant information in the space provided, even if you have moved from another state. Provide information regardless of the time elapsed since you were located at the previous address. This information is required.
- 6) Answer questions 1 and 2. If you answered "no" to either questions, you are ineligible to vote and should not complete this form.
- 7) Please read carefully. Sign and Date this form. By signing this form you are certifying that you meet eligibility requirements to vote and that all statements on this form are true and correct. Falsification of voter registration information on voter registration form is a Class I Felony.
- 8) You may provide your telephone number to allow election officials to contact you if further information is required.
- 9) If you are completing this application on election day or in the office of the municipal clerk after the official close of registration, you must provide acceptable proof of residence. If you are unable to sign the application due to a physical disability, you may have another elector assist you. By signing this form and filling in their address, the assisting elector certified that the application was completed at your request and authorization.