



**Happy 18th birthday from the City of Minneapolis!
Congratulations, you are now eligible to vote!
Please complete this voter registration form,
seal it in the enclosed envelope, and affix with
the proper postage.**

For more information on voting, registering to vote, finding your polling place, state election results, campaign information, or conducting elections, go to the Minnesota Secretary of State web site at www.sos.state.mn.us or call toll free 1-877-600-VOTE (1-877-600-8683). For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 or 711

Deadline Information

You may pre-register to vote at any time at least 20 days before an election. If you are not able to pre-register prior to the 20 days before an election, you must register at your polling place to vote on Election Day.

Voter registration applications must be turned in to the County Auditor or Secretary of State within 10 days of being signed.

Assistance

Large-type Minnesota Voter Registration Applications are available upon request from your County Auditor or the Office of the Secretary of State.

Special assistance available to those who are elderly, have disabilities, or are in health care facilities. Contact the Secretary of State or your County Auditor for more information.

Voter Registration Applications are available in other languages at www.sos.state.mn.us.

Your Social Security number is not public. Before providing the last 4 digits of your SSN in box 7, please read the privacy notice at www.sos.state.mn.us/home/index.asp?page=207.

Minnesota Voter Registration Application

Complete lines 1 through 8. Please print clearly.

Personal Information & Qualifications

1. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	IP _____ election office use only M _____ AB _____								
2. Will you be at least 18 on or before the next election? Yes <input type="checkbox"/> No <input type="checkbox"/> If you mark "NO" to either of these questions, DO NOT complete this form.									
3. last name or surname _____	first name _____	middle name _____	suffix (Jr., Sr., II, III) _____						
4. address where you live (residence) _____ apt. number _____ city _____ zip code _____									
5. if mail cannot be delivered to the address above, provide P.O. Box _____ city _____ zip code _____									
6. date of birth (not today's date) ____ - ____ - 19 ____	school district (if known) _____	county where you live _____							
phone number ____ - ____ - ____	email address _____								
7. mark one box and provide the number that applies to you: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> I have a MN-issued driver's license or MN ID card number:</td> <td style="width: 50%; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td><input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card.</td> <td style="text-align: center;"> The last four digits of my Social Security Number are: XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td colspan="2"><input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.</td> </tr> </table>				<input type="checkbox"/> I have a MN-issued driver's license or MN ID card number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> I do not have a MN-issued driver's license or MN ID card.	The last four digits of my Social Security Number are: XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> I do not have a MN-issued driver's license, a MN-issued ID card, or a Social Security Number.	
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Registration Updates - Are you currently registered under a different name or address?

previous last name _____	previous first name _____	previous middle name _____
previous address where you were last registered _____ city _____ state _____ zip code _____		

Read And Sign Only If All Parts Apply To You.

8.	I certify that I: <ul style="list-style-type: none"> • will be at least 18 years old on election day; • am a citizen of the United States; • will have resided in Minnesota for 20 days immediately preceding election day; • maintain residence at the address given on the registration form; • am not under court-ordered guardianship in which the court order revokes my right to vote; • have not been found by a court to be legally incompetent to vote; • have the right to vote because, if I have been convicted of a felony, my felony sentence has expired (been completed) or I have been discharged from my sentence; and • have read and understand this statement, that giving false information is a felony punishable by not more than 5 years imprisonment or a fine of not more than \$10,000, or both.
sign here X _____	date: ____ - ____ - 20 ____

Election Judge Official Use Only

W _____ P _____ SD _____ Initials _____	ID With Current Address ID Number: _____ <input type="checkbox"/> MN Drivers License, Learners Permit, MN ID Card, or Receipt <input type="checkbox"/> Tribal ID	Photo ID With Utility Bill or Fee Statement Student Fee Statement or Utility Bill (type) _____ ID Number: _____ <input type="checkbox"/> MN Drivers License <input type="checkbox"/> MN ID Card <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Student ID	Other <input type="checkbox"/> Vouched For <input type="checkbox"/> Late Notice <input type="checkbox"/> Previous Registration in Same Precinct <input type="checkbox"/> Student ID With College List ID Number: _____
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