

DID THE REGISTRANT LISTED BELOW VOTE TODAY?

YES OR **NO**

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NEW or RE- ACTIVATED REGISTRANT (VOTER)	CURRENT INFORMATION (PLEASE PRINT CLEARLY)						
	Last Name:		First Name:		MI	Jr/ Sr	Date of Birth
	House #	Street Name	Apt #	City	State	Zip	
	Phone #		Gender				
	()		<input type="checkbox"/> M or <input type="checkbox"/> F				
GENERAL QUALIFICATIONS:							
• 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 this school district for at least 30 days before this election.							
• This is my signature or mark on the line below. • <i>The above information is true.</i>							
Registrant Signature				Date:			

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

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

******For Official use only******

Check if applicable:

- County BOE Permitted Registrant to Vote (name not found in our books).
- Change the Registrant's Poll Place: From: _____ To: _____

Inspector Signature:	Print Name:	Date
District Clerk's Authorization:	Date:	****PRINT SCHOOL DISTRICT NAME:****