

STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION

If you meet the following qualifications, complete this form and **mail** to the Secretary of State or **personally** deliver to your county registrar.

QUALIFICATIONS: To register to vote you must:

- ?? Be a **citizen** of the **United States**
- ?? Be a legal **resident** of the **county**
- ?? Be at least **17½** years of age (at least 18 to vote)
- ?? **Not** be serving a sentence for conviction of a **felony** involving moral turpitude
- ?? Have **not** been found **mentally incompetent** by a judge

Once you complete and personally mail or deliver your application, you should receive an acknowledgement from the local voter registration office. Generally this process takes two or more weeks. To follow up on your voter registration application or to obtain more information on voter registration and elections, just call your local voter registration office.

GENERAL INFORMATION:

For more information on election dates, registration deadlines, and local county voter registration telephone numbers, see the Secretary of State's Homepage on the Internet at www.sos.state.ga.us

CATHY COX
SECRETARY OF STATE
1104 West Tower, 2 Martin Luther King Drive, S.E.
Atlanta, Georgia 30334-1505

DO NOT FOLD OVER, STAPLE, OR TAPE

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

COUNTY PRECINCT	MUNICIPAL PRECINCT	DISTRICT COMBO.	DPS APPLICATION NUMBER	REGISTRATION NUMBER	
(THIS LINE FOR OFFICE USE ONLY)					
LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	SUFFIX <input type="checkbox"/> JR. <input type="checkbox"/> SR. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
RESIDENCE ADDRESS: HOUSE NUMBER & STREET NAME	APARTMENT NUMBER	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS): POST OFFICE BOX OR ROUTE		CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER:	I SWEAR OR AFFIRM THAT: I am a citizen of the United States and a resident of Georgia. Check one: YES _____ NO _____ I reside at the address listed above. I am 18 years of age or older or will be 18 within six months of the date of this application. I am eligible to vote in Georgia. I am not serving a sentence for having been convicted of a felony involving moral turpitude. I have not been judicially declared to be mentally incompetent. Date: _____ <div style="border: 1px solid black; width: 400px; height: 50px; margin: 10px auto; text-align: center; font-size: 2em;">X</div> <p style="text-align: center;">SIGNATURE</p> WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony. O.C.G.A. § 21-2-561 Signature of person assisting illiterate or disabled voter: _____				
DATE OF BIRTH: MONTH DAY YEAR					
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
RACE / ETHNICITY: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> OTHER: _____					
TELEPHONE NUMBER:					
CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: House# and Street Name Apt. # City County State Zip					
CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name Suffix (Jr. Sr., etc.) First Name Middle or Maiden Name					
MAP/DIAGRAM: If you live in an area without house #'s and street names, please provide us with a drawing of the location of your residence to assist us in locating your appropriate districts and voting precinct.					
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INSTRUCTIONS: Complete this form with your full legal name, including any suffix such as Sr., Jr., III, if you wish to register to vote in Georgia, or if you need to change the name or address of your current voter registration. Qualifications to register to vote are shown above the signature line on this application. It is a felony to register to vote knowing that you do not possess the qualifications or if you knowingly give false information on this form. The following information is required on the registration form: Full legal name; residence address; mailing address, if different from residence; social security number (by law, this number is kept confidential and used for internal purposes only); date of birth; date you complete application; and your signature. Race and gender are requested and are needed to comply with the Voting Rights Act of 1965, but are optional. A telephone number where you can be reached during normal business hours is helpful to registration officials if they have a question about your application. After completing your application, read the oath and sign your name. If you cannot sign your name (and make a mark instead) because of physical disability or illiteracy, the person completing the application for you MUST also sign the application in the space for person assisting voter. The application is ready for you to mail or personally deliver the application to your county voter registrar. You are NOT officially registered to vote until this application is approved. You should receive a voter precinct card in the mail. IF YOU DO NOT RECEIVE THIS ACKNOWLEDGEMENT WITHIN TWO WEEKS AFTER MAILING THIS FORM, OR IF YOU HAVE FURTHER QUESTIONS, PLEASE CONTACT YOUR LOCAL VOTER REGISTRATION OFFICE. You can also contact the Secretary of State, Elections Division, 1104 West Tower, 2 Martin Luther King, Jr. Drive SE, Atlanta, Georgia 30334-1505.					
CATHY COX, SECRETARY OF STATE					