COUNTY	HOE	ONLY	- 1
COUNTY	USE	UNLT	ы

PCT	DATE	REG#



MONTANA VOTER REGISTRATION APPLICATION

Fields marked with an asterisk (*) are required. If you do not provide all of the required information, your application to register to vote will not be complete. UNDER FEDERAL AND/OR STATE LAW ALL ELECTORS MUST PRESENT ID WHEN VOTING.

Please true or print clearly using black or blue ink. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.

Please type or print clearly using	black or blue ink. CC	MPLETE FORM AND SUBMI	T TO COUN	TY ELECTION OFFIC	E.
		NTS AND IDENTIFYING		ATION	
1 Check all that apply: New Regist	ration Name	Change	hange	☐ Signature Upd	ate
2 Are you a citizen of the United States Will you be at least 18 years of age o Will you be a Montana resident for at *If you checked "No" in response	n or before the n least 30 days be	fore the next election?*	Yes 🔲	No	
3 Last Name*		First Name*		Middle Name	∋ Suffix (Jr., Sr., Etc
4 Date of Birth* / / month day year	Contact Phor	Number Email Address			
5 Select one of the following and provide	•				
☐ I have a Montana Driver's Licen☐ I do not have a Montana Driver's		_			
☐ I do not have a Montana Driver's L photo ID that shows my name, or bank statement; or government docur ID numbers provided above are ke	icense or MT ID acceptable ID tha nent).	card, or a Social Security at shows my name and co	/ Number. urrent add	I have attached a ress (paycheck stu	a copy of a
6 Montana Residence Address*		City*	Coun		Zip Code*
7 Mailing Address (required if differs from I	residence address)	City	State		Zip Code
8 If applicable, check one of the followi Military Domestic (or military spot Military Overseas (or overseas m	use or dependent			e absent from plac n Overseas	e of registration
PREVIOUS REGISTRATION I REQUIRED IF NAME CHANGED OR	NFORMATION -	- will be used to provide can GISTERED TO VOTE IN AND	cellation inf	formation to former judicious of the commer judicious commercial c	risdiction HER STATE
9 Previous City, County and State	Residence Ad	ddress of Previous Regist	tration	Previous Regi	stration Name
	RECEIVE YOU	R BALLOT IN THE MAIL			
☐ Yes, I request an absentee ballot to be listed on this application. I understand the address confirmation notice mailed to me	at in order to cor	ntinue to receive an absen	tee ballot,	I must complete,	
If your mailing address differs during a space, or contact your county election	office. Season	al mailing address for the			ormation in this
/ through//	Seasonal Mailin	g Address:CANT AFFIRMATION			
I affirm under penalty of perjury that the inf least 18 years old on or before the next e election, and that I am not serving a felony understand that if I have given false inform and/or state law.	ormation on this a lection, that I will I conviction in a pe	oplication is true, that I am a have been a resident of Mo nal institution nor have been	ontana for a n found to b	at least 30 days pri e of unsound mind l	or to the next by a court. I
Signature*			Date	*	
THE AFFIRMATION ON THIS APPLICATION FOR VOTER REC	SISTRATION MUST BE SIG	ENED BY THE APPLICANT - FAILURE T	o po so wiii	PREVENT APPLICATION FR	OM BEING PROCESSED