

# State of Michigan Voter Registration Application

## and Michigan Driver License/Personal Identification Card Address Change Form

**1** answer Are you a citizen of the United States of America?  Yes  No  
 Will you be 18 years of age on or before election day?  Yes  No

► If you responded *No* to either of these questions, do **NOT** complete this form.

### 2 complete application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Address where you live — house number and street/road \_\_\_\_\_ Apt. No./Lot No. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone *optional* \_\_\_\_\_

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If you do not have a house or street address, describe location where you live — cross streets or roads, landmarks, etc. \_\_\_\_\_

City or  Township where you live \_\_\_\_\_ County where you live \_\_\_\_\_ School District *if known* \_\_\_\_\_

Mailing Address *if different*  For use on Driver License/Personal ID and Voter Registration  For use on Voter Registration only

Date of Birth \_\_\_\_\_  Male  Female

ID Number *check applicable box and provide appropriate number*

I have a state issued driver license or personal ID card # \_\_\_\_\_ State \_\_\_\_\_

I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are \_\_\_\_\_

I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.  
*An ID number will be assigned to you for voter registration purposes.*

Are you still registered to vote at your last address?  Yes  No  Don't Know *if "Yes" or "Don't Know" enter previous address*

Previous Street Address \_\_\_\_\_  City or  Township of \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Registered under name of *if different than above* \_\_\_\_\_

### 3 read, sign and date

**I certify that:**

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

<b>X</b>	
Signature of Applicant	Date
<b>X</b>	
Signature of Applicant	Date

**Sign and date both spaces provided above.**

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.