

INSTRUCTIONS FOR VOTER REGISTRATION

The form that follows these instructions may be completed using your computer's tab key. Depress the tab key – type the required information. Depress the Tab Key again to jump to the next information line to be completed. Upon completion, print the form and send to address listed below. Please read the following instruction carefully. All lines in **RED** MUST be completed.

1. Type your full **legal** name. Do not use initials, nicknames, or abbreviations.
2. Type the house number and street address or rural route and box number where you live. If your residence does not have a street address or rural route and box number, use this line to describe the location of your home (for example, one mile east of Co. Rd. 42, 2 miles south of State Hwy. 12).
3. Type the name of the township or city and county where your residence is located.
4. If your mail cannot be delivered to the address listed in number 3, provide the P.O. Box or alternate address where you receive mail.
5. Provide your full birth date - month, day, and year. Enter the telephone number in the appropriate space, including the area code.
6. If you were previously registered, write the name and/or address you used before. If you are registered to vote in another state, write the name and address under which you are registered in that other state.
7. If you do not know the school district in which you live, leave this area blank.
8. It is very important that you read **everything** in the statement before signing your name.
9. Please cut along the dashed box around the voter registration card, place it in an envelope and mail it to:

Secretary of State
555 Park St. STE. 402
St. Paul, MN 55103

Call your county auditor if you need information about registration or voting assistance for elderly or disabled individuals or patients in health care facilities. Registration instructions can be made available in large type, Braille, or on cassette tape.

cut  here

MINNESOTA VOTER REGISTRATION CARD

Please type or print in ink.

1. What is Your Full Name? _____
Last First Middle

2. Where Do You Live? _____
Number Street Apt. #
City State MN Zip Code

3. In What City or Township Do You Live? _____
Check One: City Township County

4. If Mail Cannot Be Delivered Where You Live, Where Do You Receive Your Mail? _____
P.O. Box City Zip Code

5. When Were You Born? ____/____/____ What Is Your Telephone Number? _____
Month Day Year

(Fold Here)

6. Have You Been Registered Before Under Another Name or Address? Name: _____
Last First Middle
Address: _____
City State Zip Code

7. In What School District Do You Live (If Known)? _____
School District Name or Number

8. Read The Statement Below And Sign If All Parts Apply To You.

- 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 guardianship of the person;
- have not been found by a court to be legally incompetent to vote;
- have not been convicted of a felony without having my civil rights restored; 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.

I certify that I:

Date ____/____/____
Month Day Year

SIGNATURE

X _____

cut  here

cut  here

cut  here