

# VOTER REGISTRATION QUESTIONS

Name (please print) Last name, First, M.I.	CO	RECORD NUMBER	DIST

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**TO REGISTER YOU MUST:**

- 1.) **Be at least age 18 on the day of the next election;**
- 2.) **Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION;**
- 3.) **Reside in Pennsylvania and the voting district at least 30 days prior to the next election.**

**APPLYING TO REGISTER OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT OF ASSISTANCE THAT YOU WILL BE PROVIDED BY THIS AGENCY.**

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

**COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE**

Given to client \_\_\_\_/\_\_\_\_/\_\_\_\_

Not a U.S. citizen \_\_\_\_/\_\_\_\_/\_\_\_\_

Declined, not interested \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailed to client \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent to voter registration \_\_\_\_/\_\_\_\_/\_\_\_\_

Declined, already registered \_\_\_\_/\_\_\_\_/\_\_\_\_