


This form is available in an accessible format, upon request.

		<h1 style="margin: 0;">Wisconsin Voter Registration Application</h1>				<input type="radio"/> Submitted by Mail <small>(Office Use Only)</small>						
Confidential Elector ID# <small>(HINDI - sequential #) (Office Use Only)</small>				SVRS ID # <small>(Office Use Only)</small>								
<b>Instructions</b>	Instructions for completing sections 1-12 are on the back of this form. Return this form to your municipal clerk, unless directed otherwise.											
	<ul style="list-style-type: none"> <li>Please use uppercase (CAPITAL) letters only.</li> <li>Fill in circles as appropriate.</li> <li>NOTE: If this is a change of address, then upon completion of this application your voting rights will be cancelled at your previous residence.</li> <li>If you have not voted in WI and are submitting this application by mail, you must also provide a copy of an acceptable proof of residence</li> </ul>											
1	<input type="radio"/> New WI Voter <input type="radio"/> Name Change <input type="radio"/> WI Address Change		Municipality Madison		<input type="radio"/> Town <input type="radio"/> Village <input checked="" type="radio"/> City							
			County Dane									
2	Wisconsin Driver License/ID Number							I have neither a WI Driver License/ID nor a Social Security Number.				
Social Security Number - Last Four Digits (only if no license/ID number)					X X X - X X -							
3	Print your name exactly as it appears on the document, the number of which you provided in Box 2. (Driver License/ID Card or Social Security Card).											
Last Name			First Name									
Middle Name			Suffix (e.g. Jr II etc.)			Phone #						
Date of Birth (MM/YYYY)			Email Address									
4	Residence Address: Street Number & Name											
	Apt Number			City								
	State			ZIP + 4								
5	Mailing Address: Street Number & Name											
	Apt Number			City								
	State			ZIP + 4								
6	Last Name			First Name								
	Middle Name			Suffix (e.g. Jr II etc.)								
7	Address: Street Number & Name											
	Apt Number			City			State & Zip + 4					
8	Please answer the following questions by filling in "Yes" or "No":											
1. Are you a citizen of the United States of America?			<input type="radio"/> Yes <input type="radio"/> No			If you filled in "No" in response to EITHER of these questions, do <u>not</u> complete this form.						
2. Will you be 18 years of age on or before election day?			<input type="radio"/> Yes <input type="radio"/> No									
9	I certify that I am a qualified elector, a U S citizen, at least 18 years old or will be at least 18 years old at the time of the next election, having resided at the above residential address for at least 10 days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. I certify that all statements on this form are true and correct. If I have provided false information I may be subject to fine or imprisonment under State and Federal laws. If completed on election day, I further certify that I have not voted at this election. (Please fill in circle)											
10	Accommodation needed at poll location (e.g. wheelchair access):				If you do not have a street number or address, use the map to show where you live.							
	<input type="radio"/> I am interested in being a poll worker.				•Mark crossroads •'X' where you live •Use dots for landmarks							
Example map showing Woodchuck Road, High School, Library, and a marked location 'X'.												
11	Signature of Elector X			Today's Date (MM/YYYY)								
	Official Use Only: Election Day Voter #											
12	Corroborator/Assistant Signature:			Corroborator / Assistant Address:			Office Use: Proof of residence type					
	Office Use: Proof of Residence #											
Official's Signature:					SRDs printed name and SRD#:							
Ward	Sch. Dist	Alder	Cty Supr.	Ct. of App.	Assembly	St. Senate	Congress					