

COUNTY PRECINCT MUNICIPAL PRECINCT DISTRICT COMBO DDS APPLICATION NO. REGISTRATION NO. CHANGE OF ADDRESS
 CHANGE OF NAME
 OTHER

1 LAST NAME FIRST NAME MIDDLE OR MAIDEN NAME SUFFIX
 Jr. Sr. II
 III IV V

2 RESIDENCE ADDRESS: House No. and street name APT NO. CITY COUNTY STATE ZIP CODE
 GA.

3 MAILING ADDRESS (if different from residence address): Post-office box or route CITY STATE ZIP CODE

4 TELEPHONE NUMBER DATE OF BIRTH: MM/DD/YYYY GENDER RACE / ETHNICITY:
 () / / Male Female Black White Hispanic/Latino
 Asian/Pacific Islander American Indian Other

5 VALID GA. DRIVER'S LICENSE OR GA. I.D. NO. If no GA. Driver's License or GA. I.D. No., must provide last 4 digits of your Social Security Number FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 digits (Required) Check if you do not have a GA Driver's License, GA. I.D. No. or Social Security No.

(Your answer is required under federal law)

6 **I SWEAR OR AFFIRM:**
 Are you a citizen of the United States of America? Check One Yes No
 Will you be 18 years of age on or before election day? Check One Yes No
If you checked "No" in response to either of these questions, do not complete this form.

I SWEAR OR AFFIRM THAT:
 I reside at the address listed above.
 I am eligible to vote in Georgia.
 I am not serving a sentence for having been convicted of a felony involving moral turpitude.
 I have not been judicially declared to be mentally incompetent.

Date _____ ^X Signature _____ Signature of person helping illiterate or disabled voter _____

WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony.
O.C.G.A. § 21-2-561

7 May we contact you about working as an Election Day poll officer: Yes No
 If you would like to receive additional information by email, please provide your e-mail address:

8 CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered:
 Last Name Suffix First Middle or Maiden Name

CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address:
 CITY COUNTY STATE

Military Active Duty? Yes No