

# WISCONSIN VOTER REGISTRATION APPLICATION

## CITY OF WAUPACA, 111 S. MAIN STREET

Confidential Elector ID# _____	By Mail <input type="checkbox"/>	WisVote ID # _____
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New City Voter <input type="checkbox"/>	Name Change <input type="checkbox"/>	Address Change <input type="checkbox"/>
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Please check each box if you:

<input type="checkbox"/> Are a citizen of the United States of America?	<input type="checkbox"/> Will be at least 18 years old on or before Election Day?
<input type="checkbox"/> Have resided at the address provided below for at least 28 consecutive days prior to the election and do not currently intend to move	<input type="checkbox"/> Are not currently serving a sentence including incarceration, parole, probation, or extended supervision for a felony conviction

If you cannot check **every** box, do **NOT** complete this form.

Last Name (Please print clearly) \_\_\_\_\_

First Name (Please print clearly) _____	Middle Name _____
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Street Address _____	Waupaca WI 54981
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Date of Birth _____	Phone Number _____
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Email Address \_\_\_\_\_

WI Driver's License or I.D. _____	IF NO D.L. or ID—last 4 digits of Social Security Number _____	<input type="checkbox"/> I have no DL. I have neither a WI DOT issued ID nor a Social Security Number.
Expiration Date: _____		

By signing below, I hereby certify that, to the best of my knowledge, **I am a qualified elector**, having resided at the above residential address for at least **28** consecutive days immediately preceding this election, that I have no present intent to move, and I have not voted in this election. I also certify that I am not otherwise disqualified from voting and 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.

Signature of Elector. Please sign full name or put mark \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the section below as they apply to you. If this application is for a change of name, what was your most previous name?

Last Name, First Name, Middle Name (Please Print) \_\_\_\_\_

If you were registered before, and this is the first time you are registering at the address listed above, what was your most recent address from where you were registered before?

Street Address, City/Town, State Zip Code \_\_\_\_\_

ELECTION OFFICIAL FILL OUT BOXES BELOW:  _____ Signature of election official or special registration deputy	Proof of Residence _____  Last 4 Digits of account # _____
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Ward	Aldermanic	County Supervisor	School District	Court of Appeals	State Assembly District	State Senate	Congressional
			6195	4th	40th	14th	8th