

Date

Senate

House

## MONTANA VOTER REGISTRATION APPLICATION

Fields marked with an asterisk (\*) are required. If you do not provide all of the required information, your application to register to vote will not be complete. UNDER FEDERAL AND/OR STATE LAW ALL ELECTORS MUST PRESENT ID WHEN VOTING. Please type or print clearly using black or blue ink. COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.

		TS AND IDENTIFYING RATION REQUIRES U.S. CIT		ATION	
1 Check all that apply: New Registration	Change	ange	☐ Signature Upd	late	
2 Are you a citizen of the United States?*			Yes	No	
Will you be at least 18 years of age on or b			No		
Will you be a Montana resident for at least  If you checked "No" in response to an	•			No	
3 Last Name*	y or these ques First Name*	tions, do not complete t		lame (Optional)	Suffix (Jr., Sr., Etc.)
C Last Hamo				(-1	
4 Date of Birth*	Contact Phone Number (Optional)		Email Address (Optional)		
/ /					
month day year					
<b>5</b> Select one of the following identification (II		•	ation:*		
Montana driver's license or Montana st		ber			
The last 4 digits of my Social Security N	, ,				
I am unable to provide my Montana dri					-
SSN. I am presenting an original version	on (in person) or	attaching a readable copy	(by mail)	of the following ite	m(s):
☐ Military ID card, a tribal photo ID card  OR	d, a United State	s passport, or a Montana	concealed	d carry permit.	
☐ Photo ID with my name (including, b	ut not limited to,	a school district or postse	condary e	ducation photo	
ID) AND a current utility bill, bank sta		ck, government check, or	other gove	ernment	
document that shows my name and	current address.				
6 Montana Residence Address*		City*	Cour	nty*	Zip Code*
7 Mailing Address (required if differs from residence address)		City	State		Zip Code
8 If applicable, check one of the following:			1		
Military Domestic (or military spouse or dep	oendent) – only if	on active duty and will be	absent fr	om place of registr	ation
Military Overseas (or overseas military spo			izen Over		
PREVIOUS REGISTRATION INFO	RMATION - will	be used to provide cancella	tion inforn	nation to former juris	diction
<b>REQUIRED IF NAME CHANGED OR IF I 9</b> Previous City, County and State		ress of Previous Registrati		Previous Regi	
Trovious Sity, Sourtly and State					
RE	CEIVE YOUR	BALLOT IN THE MAIL			
☐ Yes, I request an absentee ballot to be	mailed to me fo	r ALL elections in which	I am eligi	ble to vote as lone	as I reside at the
address listed on this application. I understar			U.S. pos	stal service, I must	complete, sign,
and return a confirmation notice mailed to me	by the county e	lection office.			
If your mailing address differs during ce space, or contact your county election of					formation in this
/ / _through/ /	Seasonal M	ailing Address:			
	APPLICA	ANT AFFIRMATION			
I affirm under penalty of perjury that the int be at least 18 years old on or before the nex next election, and that I am not serving a fe court. I understand that if I have given false under federal and/or state law.	xt election, that I lony conviction	will have been a resident in a penal institution nor h	of Montai have beer	na for at least 30 d n found to be of un	lays prior to the sound mind by a
Signature*			Date	*	
THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTR	RATION MUST BE SIGNE	D BY THE APPLICANT – FAILURE TO			OM BEING PROCESSED.
For county use only					

Precinct / Split

Ward

School

04/2021