

statewide SVRS voter registration system	official use: Confidential Elector ID # (HINDI - sequential #)	VOTER REGISTRATION APPLICATION	<input type="radio"/> Submitted by Mail
		SVRS ID #	

Please Review and Print Clearly Note: If this is a change of address, your voting rights will be canceled at your previous residence. If you are registering to vote in Wisconsin for the first time and submitting this application by mail, you must provide a photocopy of a "proof of residence" document. If you do not provide a photocopy of this document, you will be asked for identification the first time you vote.	ALD. DIST.	WARD
DATE:		

New WI Voter
 Name Change
 WI Address Change
 City: **MILWAUKEE**
 County: **MILWAUKEE**

Wisconsin Driver's License/State ID Number	<input type="radio"/> I have neither a WI DOT issued ID nor a Social Security Number.
Social Security Number - Last Four Digits (only if you do not have a valid WI Drivers License)	

Current	Print your name exactly as it appears on the Identification Card used above. (D.L., State I.D., Soc. Sec.)			(Circle)
	Last Name	First	M.I.	Jr., Sr., II, III, IV
	Date of Birth (MM/DD/YY)	/	/	Telephone Number
	Address			Apt. No.
City MILWAUKEE		State WISCONSIN	Zip Code	

Previous	Last Name			(Circle)
	First	M.I.	Jr., Sr., II, III, IV	
	Address			
City		State	Zip Code	

ELECTION COMMISSION (414) 286-3491 **OVER**

Please answer the following questions by checking "Yes" or "No" If you checked "No" in response to EITHER of these questions, do not complete this form.

1. Are you a citizen of the United States of America? Yes No

2. Will you be 18 years of age on or before election day? Yes No

I certify that I am a qualified elector, a U.S. citizen, at least 18 years old, 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)

Signature of Elector	Date (MM/DD/YY) / /
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I am interested in being a poll worker.

Accommodation needed at poll location (e.g., wheelchair access)

Special Registration Deputy _____

Print Name	I.D. Number	Signature
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OFFICE USE ONLY					
OR:	CA:	NC:	DUP:	D:	MOV:

**Please return the completed voter registration application to:
 Milwaukee Election Commission - 200 East Wells Street, Room 501 - Milwaukee, WI 53202**