

**CITY OF MILWAUKEE ELECTION COMMISSION  
VOTER REGISTRATION APPLICATION**

<b>VOTING QUALIFICATIONS</b>	<p><input type="radio"/> <b>By marking this circle, I certify that I am a qualified elector:</b>          I am a United States citizen          I will be at least 18 years old on the day of or before the next election          I am not currently serving a sentence, including probation, parole, or extended supervision, for a felony conviction          I will have lived at my address for at least 28 <u>consecutive</u> days before the next election with no present intent to move          I am not otherwise disqualified from voting</p> <p><b>If you do not meet <u>each</u> of these qualifications, you are <u>not</u> qualified to register. Do not complete this form.</b></p> <hr/> <p><b>I am registering to vote because (select one):</b></p> <p><input type="radio"/> I was <b>previously registered</b> to vote in Wisconsin, but my <b>name and/or address</b> has changed.  <i>NOTE: If this is a change of address, your voting rights will be cancelled at your previous residence.</i></p> <p><input type="radio"/> I am a <b>new</b> Wisconsin voter.</p> <p><input type="checkbox"/> <b>NEW WI VOTERS:</b> If you are submitting your completed form by MAIL, you must include a photocopy of a proof of residence document. Visit our web site or call for information on acceptable documents. If you do not provide this document, you will be asked for identification the first time you vote.</p>
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<b>IDENTIFICATION</b>	<p>If you have been issued a Wisconsin (WI) Driver License or a WI State ID, record the ID number:          _____ - _____ - _____ - _____</p> <p>If you have <u>never been issued</u> a WI Driver License or State ID, record the last 4 digits of your Social Security Number:  <b>X X X - X X -</b> _____</p> <p><input type="radio"/> Check this circle if you have never been issued a WI Driver License, WI ID or a Social Security Number.</p>
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<b>CURRENT</b>	<p><b>PRINT your NAME exactly as it appears on your identification - WI DL/ID or SSN (as recorded above):</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">Last Name: _____</td> <td>Middle Name/Initial (if any on ID): _____</td> </tr> <tr> <td>First Name: _____</td> <td>Circle: Jr., Sr., II, III, IV</td> </tr> <tr> <td>Address: _____</td> <td>Apartment/Unit Number: _____</td> </tr> <tr> <td><b>City of Milwaukee, WI</b></td> <td>Zip Code: _____</td> </tr> <tr> <td>Date of Birth (Month/Date/Year) : _____</td> <td>Telephone Number: (    ) _____</td> </tr> </table>	Last Name: _____	Middle Name/Initial (if any on ID): _____	First Name: _____	Circle: Jr., Sr., II, III, IV	Address: _____	Apartment/Unit Number: _____	<b>City of Milwaukee, WI</b>	Zip Code: _____	Date of Birth (Month/Date/Year) : _____	Telephone Number: (    ) _____
Last Name: _____	Middle Name/Initial (if any on ID): _____										
First Name: _____	Circle: Jr., Sr., II, III, IV										
Address: _____	Apartment/Unit Number: _____										
<b>City of Milwaukee, WI</b>	Zip Code: _____										
Date of Birth (Month/Date/Year) : _____	Telephone Number: (    ) _____										

<b>PREVIOUS</b>	<p><b>Provide your last previous name and/or address:</b></p> <table style="width:100%;"> <tr> <td style="width:33%;">Last Name: _____</td> <td style="width:33%;">Middle: _____</td> <td style="width:33%;">First Name: _____</td> </tr> <tr> <td colspan="2">Address: _____</td> <td>Apt./Unit Number: _____</td> </tr> <tr> <td>City: _____</td> <td>State: _____</td> <td>Zip Code: _____</td> </tr> </table>	Last Name: _____	Middle: _____	First Name: _____	Address: _____		Apt./Unit Number: _____	City: _____	State: _____	Zip Code: _____
Last Name: _____	Middle: _____	First Name: _____								
Address: _____		Apt./Unit Number: _____								
City: _____	State: _____	Zip Code: _____								

<p>_____  <b>VOTER SIGNATURE HERE</b></p>	<p>_____  <b>Date (Month/Date/Year)</b></p>
<p><b>Falsification of information in this form is punishable under WI law as a Class I felony.</b></p> <p><input type="radio"/> I would like information on serving as a City of Milwaukee election worker.</p>	

<b>IF APPLICABLE, TO BE COMPLETED BY SPECIAL REGISTRATION DEPUTY (SRD):</b>		
SRD Print Name: _____	Signature: _____	ID Number: _____

<b>OFFICE USE ONLY</b>	District: _____	Ward: _____	NV _____	AC _____	NC _____	DUP _____
CONF VTR ID# _____	SVRS ID# _____	Init / Date _____				

Return this completed form to: **City of Milwaukee Election Commission**  
**200 E. Wells St., Room 501, Milwaukee, WI 53202**  
**414-286-3491**  
 For information on where to vote, go to [www.milwaukee.gov/election](http://www.milwaukee.gov/election)