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.**

	ELIC			ENTS AND ID			TION		
1 Check all that apply: 🗌 New Registration 🗌 Nam				ne Change] Address Ch	ange	Signature Update Other		
	en of the United Sta	ates?*							
Will you be a l	least 18 years of aç Montana resident fo	r at least	30 days befor	e the next elect	ion?*	Yes 🗖 I Yes 🗖 I			
If you check	ed "No" in respon	ise to an	y of these qu	estions, do no	ot complete t	his form.			
3 Last Name*			First Name*			Middle Na	ame (Optional)	Suffix	к (Jr., Sr., Etc.)
4 Date of Birth*			Contact Phone Number (Optional) Email Add				dress (Optional)		
month da									
	the following identif					ation:*			
	river's license or M								
	digits of my Social S		· · · ·	-					
	e to provide my Mo	ntana dri	ver's license n	umber, Montar	a state ID ca	rd number,	or the last four d	igits of	my
SSN. I am j	presenting an origi	hal versio	on (in person) (or attaching a r	eadable copy	(by mail) c	of the following ite	m(s):	
☐Military II <i>OR</i>	D card, a tribal pho	to ID care	d, a United Sta	ates passport, c	r a Montana o	concealed	carry permit.		
	with my name (inc	ludina. bi	ut not limited t	o a school dist	rict or postser	ondarv od	ucation photo		
ID) AND :	a current utility bill,	bank sta	itement, paych	neck, governme	ent check, or o	other gover	ment		
documen	it that shows my na	me and o	current addres	SS.	,	5			
6 Montana Residence Address*			City*	City*		y*	Zip Code*		
7 Mailing Address (required if differs from residence ad			ence address)	City		State		Zip Co	ode
8 If applicable, cl	heck one of the follo	owing:							
	tic (or military spou		endent) – only	y if on active du	ty and will be	absent from	m place of registr	ation	
_Military Overse	as (or overseas mil	itary spou	use or depend	ent)	U.S. Citi	zen Overse	eas		
PREVIO	US REGISTRATIO	ON INFO	RMATION - w	vill be used to pro	ovide cancellat	ion informa	tion to former juris	diction	1995
9 Previous City, (D IF NAME CHANGE	DORIFF	Residence Ad	EGISTERED TO Idress of Previc	VOTE IN ANOT	HER MT CO	DUNTY OR IN ANO	THER S	TATE
e i levieus oliy, i	sounty and state				us negistiatit		Previous Regis	stration	IName
		RE	CEIVE YOU	R BALLOT IN	THE MAIL	1.2			
🛛 Yes, I request	an absentee ball	ot to be r	mailed to me	for ALL electio	ns in which I	am eligibl	e to vote as long	ı as Li	reside at the
address listed on t	this application. I u ion notice mailed to	nderstan	d that if I file a	change of add	ress with the	U.S. posta	I service, I must	comple	ete, sign, and
space, or contac	address differs du ct your county ele	ction of	lice. Seasona	al mailing add	ress for the p	asonal mai period of	iling address inf	ormati	ion in this
	through/		Seasonal	Mailing Addre	ss:				
				CANT AFFIRM		1200			
next election, and	enalty of perjury tha ars old on or before d that I am not sen nd that if I have giv I/or state law.	e the nex ving a fel	t election, that ony convictior	l will have bee n in a penal ins	n a resident o titution nor h	of Montana ave been f	for at least 30 da	ays prie	or to the
Signature*						Date*			
•	IS APPLICATION FOR VOT	Er registr/	ATION MUST BE SIG	NED BY THE APPLICA	NT – FAILURE TO D		VENT APPLICATION FRO	OM BEING	PROCESSED.
For county use only				_					
Date	Senate	House	Pr	recinct / Split	Ward	Sc	hool		04/2021