



# 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.***

## ELIGIBILITY REQUIREMENTS AND IDENTIFYING INFORMATION

**NOTE: VOTER REGISTRATION REQUIRES U.S. CITIZENSHIP**

**1** Check all that apply:

New Registration	Name Change	Address Change	Sig. Update	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2**

- Are you a citizen of the United States?\*
- Yes     No
- Will you be at least 18 years of age on or before the next election?\*
- Yes     No
- Will you be a Montana resident for at least 30 days before the next election?\*
- Yes     No

***\*If you checked "No" in response to any of these questions, do not complete this form.***

## APPLICANT IDENTIFYING INFORMATION – PLEASE PRINT

**3**

Last Name\*

First Name\*

Middle Name

Suffix

(Jr, Sr, Etc.)

**4** Date of Birth\*

month

day

year

Contact Phone Number

Email Address

**5** Select one of the following and provide the required information\*

**I have a Montana Driver's License or Montana ID and that**

**number is:**

**I do not have a Montana Driver's License or MT ID card.**

- The last 4 digits of my Social Security Number are

I do not have a Montana driver's license or MT ID card, or a Social Security Number. I have attached a copy of a photo ID that shows my name, or acceptable ID that shows my name and current address (*paycheck stub; utility bill; bank statement; or government document*)

*ID numbers provided above are kept confidential and are not available for public inspection.*

## APPLICANT ADDRESS AND CONTACT INFORMATION

### 6 MT Residence Address\*

City\*

County\*

Zip Code\*

### 7 Mailing Address *(required if differs from residence address)*

City

State

Zip Code

### 8 If applicable, check one of the following:

Military Domestic (or military spouse or dependent) – only if on active duty and will be absent from place of registration

Military Overseas (or overseas military spouse or dependent)

U.S. Citizen Overseas

### 9 PREVIOUS REGISTRATION INFORMATION – will be used to provide cancellation information to former jurisdiction REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MT COUNTY OR IN ANOTHER STATE

Previous City, County, and State

Residence Address of Previous Reg.

Previous Registration Name

## RECEIVE YOUR BALLOT IN THE MAIL

Yes, I request an absentee ballot to be mailed to me for all elections in which I am eligible to vote this year as long as I reside at the address listed on this application. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return an address confirmation notice mailed to me by the county election office in January of each even-numbered year.

If your mailing address differs during certain times of the year please add the seasonal mailing address information in this space, or contact your county election office. Seasonal mailing address for the period of

through   
month      day      year                      month      day      year

Seasonal Mailing Address:

**APPLICANT AFFIRMATION:** *I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.*

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

If elector is unable to sign, may use fingerprint, mark or Agent

THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT – FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.

*Updated February 7, 2017*