

VOTER REGISTRATION APPLICATION for WI Residents

TOWN OF FARMINGTON

Confidential Elector ID#	By mail <input type="checkbox"/>	SVRS ID #
* New Voter	* Name Change	* WI Address Change
*	Last Name (Please use CAPITAL LETTERS)	(Circle One) Jr. Sr. II III IV
*	First Name - (Please use CAPITAL LETTERS)	Middle
*	Address	
*	City/Town	State
*	Address Where you get your mail if different from above	
*	City/Town	State Zip Code
*	Date of Birth	* Phone Number
*	WI Driver's license or I.D. I have no DL	If no D.L. or ID last 4 digits of Social Security Number <input type="checkbox"/> I have neither a WI DOT issued ID nor a Social Security Number.
*	Please answer the following questions by circling "yes" or "no".	
*	Are you a citizen of the United States of America?	Yes No
*	Will you be 18 years of age on or before election day?	Yes No
<i>If you checked "no" in response to either of these questions, do not complete this form.</i>		
*	<div style="font-size: 2em; font-weight: bold; margin-left: 20px;">X</div> 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 28 consecutive days immediately preceding this election, not currently serving a sentence including probation 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 today's election. (Please fill in)	
*	Signature of Elector - Please sign full name or put mark	Date
<i>Please fill out the sections below as they apply to you. If this application is for a change of name, what was your most previous name?</i>		
*	Last Name (Please use CAPITAL LETTERS)	(Circle One) Jr. Sr. II III IV
*	First Name - (Please use CAPITAL LETTERS)	Middle
*	<i>If you were registered before, and this is the first time you are registering from the address in Box 2, what was your most recent address from where you were registered before?</i>	
*	Address	
*	City/Town	State Zip Code
*	Signature of election official or special registration deputy. Proof of residence & account #	
ELECTION OFFICIAL FILL OUT BOXES BELOW		
*	Ward	Aldermanic
*	County Supervisor	School District
*	Court of Appeals	State Assembly Dist
*	State Senate	Congressional
*	6195	4th
*	40th	14th
*	8th	

