

# UPDATE REGISTRANT INFORMATION FORM

Please PRINT your CURRENT information in the section below.

PLEASE PRINT CLEARLY!

Last Name:		First Name:		Mid Initial	Jr./ Sr.	Date of Birth
House #		Street Name		Apt #	City	State Zip
Phone #		Gender				
( )		<input type="checkbox"/> M or <input type="checkbox"/> F				

NEW or RE-ACTIVATED VOTER	<b>GENERAL QUALIFICATIONS:</b>	
	• I am a citizen of the United States.	
	• I am (or will be) 18 years old or more on the date of the election.	
	• I have lived in this school district for at least 30 days before this election.	
	<i>This is my signature or mark on the line below. The above information is true.</i>	
Registrant Signature :		Date:

CHANGE VOTER INFORMATION	<b>PRINT INFORMATION AS IT APPEARS IN THE REGISTRATION BOOK:</b>					
	PRINTED IN BOOK AS - Last Name:			PRINTED IN BOOK AS - First Name:		MI
	House-#	Street Name	Apt#	City	State	Zip
	Phone #	Date of Birth	PAGE #	LINE #		
	( )					

DELETE / REMOVE VOTER	<b>DELETE (REMOVE) VOTER:</b>		<input checked="" type="checkbox"/> <b>REASON BELOW</b>		
	PAGE #:		<input type="checkbox"/> Moved out of District		
	LINE #:		<input type="checkbox"/> Address does not belong in District		
	Last Name:		<input type="checkbox"/> Duplicate found on PAGE #:		
	First Name:		LINE #:		
	Date of Birth:		<input type="checkbox"/> Voter Deceased as of: ___/___/___		
	Info Source: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family Member: _____ <input type="checkbox"/> Other: _____				
Signature :			Date:		

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\*\*\*\*For Official use only\*\*\*\*

Check if applicable:

- County BOE Permitted Registrant to Vote (name not found in our books).
- Change the Registrant's Poll Place: From: \_\_\_\_\_ To: \_\_\_\_\_

Inspector's Name:	Print Name:	Date:

District Clerk's Authorization Signature:	Date:	****PRINT SCHOOL DISTRICT NAME:****