

(REGISTRAR – DO NOT WRITE ABOVE)					DISTRICT			PRECINCT			
LAST NAME (PLEASE PRINT)		FIRST NAME (PLEASE PRINT)			MIDDLE NAME OR INITIAL (PLEASE PRINT)			AFFILIATION			
MR. MRS. MISS											
STREET ADDRESS (PLEASE PRINT)		MAILING ADDRESS (PLEASE PRINT)			AGE	ETHNICITY	GENDER (M or F)	OCCUPATION			
PLACE OF BIRTH		TERM OF RESIDENCE		CAN READ? (Y or N)	DATE OF APPLICATION FOR REGISTRATION			CHALLENGED			
		DISTRICT	COUNTY	STATE							
					MONTH	DAY	YEAR				
COUNTRY OF CITIZENSHIP		DATE OF APPLICATION		COURT	QUALIFIED VOTER? (Y or N)		IF NOT QUALIFIED, PLEASE EXPLAIN:				
		MONTH	DAY	YEAR							
SIGNATURE OF APPLICANT FOR REGISTRATION					SIGNATURE OF REGISTRATION OFFICE						
VOTING RECORD: (INSTRUCTIONS: As Elector votes, record fact of voting by writing the date of the vote in the proper space below)											
YEAR	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
GENERAL ELECTION											
SPECIAL ELECTION											

TOWN OF SUDLERSVILLE – REGISTRATION OF VOTERS

ADDRESS CHANGES						PARTY AFFILIATION CHANGES		
DISTRICT	PRECINCT	NEW STREETADDRESS	NEW MAILING ADDRESS	DATE	ENTERED BY	NEW PARTY AFFILIATION	DATE	ENTERED BY

REMARKS: