



RHODE ISLAND VOTER REGISTRATION FORM

Please print clearly in ink. All information is required unless marked optional.

YOU MAY USE THIS FORM TO:

- Register to vote in Rhode Island.
- Change your name and/or address on your registration.
- Choose a political party or change parties.

TO REGISTER TO VOTE IN RI YOU MUST BE:

- A legal resident of Rhode Island.
- A citizen of the United States.
- At least 16 years of age.
(You must be at least 18 years of age to vote on Election Day.)

INSTRUCTIONS

Box 2: REQUIRED. Rhode Island citizens who are at least 16 years of age may pre-register to vote using this form. If you fail to check either of these boxes, this form will be returned to you. If you checked NO to either of these statements, do not complete this form.

Box 3: If you are registering to vote for the first time in Rhode Island by mail or if someone else turns this form in for you, it is **REQUIRED** that you provide your driver's license number or state ID number issued by the RI Department of Motor Vehicles (DMV). If you do not have either, you must provide the last 4 digits of your Social Security Number. If you do not provide the above information or it cannot be verified, you will be required to provide identification to an election official before voting. Acceptable forms of identification are on the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side of this form).

Box 5: A person may have only one legal residence. You must register from your legal residence. A post office box or rural route may only be used as a "Mailing Address" in Box 6.

Box 9: If you want to affiliate to vote, list the party. If you leave Box 9 blank or list an unrecognized political party, you will be listed as unaffiliated.

Box 10: You must SIGN and DATE the registration form. If you fail to sign and date the form, it will be returned to you.

Box 11: If you are updating your voter registration because you legally changed your name, enter your previous legal name.

Box 12: If you are updating your voter registration because of an address change, enter your previous address, **even if out-of-state.**

You will receive an acknowledgement receipt of this voter registration form within 3 weeks. If you do not receive it, contact your local Board of Canvassers (see reverse side for list). For questions and deadlines relating to this form, visit the Board of Elections website at <http://www.elections.ri.gov> or contact your local Board of Canvassers (see reverse side for list).

(This form may be reproduced)

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|--|--|--|---|---|
| 1. Check Boxes that Apply: <input type="checkbox"/> New Voter Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Party Change <input type="checkbox"/> Name Change | | | | |
| 2. I am a U.S. Citizen and resident of Rhode Island. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 3. RI driver's license or ID Number: <input type="text"/> | | |
| I am at least 16 years of age. (You must be at least 18 years of age to vote.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | If you do not have a RI driver's license or ID, enter last 4 digits of your social security number: <input type="text"/> | | |
| If you checked NO to either of these statements, do not complete this form. | | | | |
| 4. Last Name <input type="text"/> | | Suffix (if any) <input type="text"/> | First Name <input type="text"/> | |
| | | | Middle Name (or initial) <input type="text"/> | |
| 5. Home Address (Do not enter a post office box) <input type="text"/> | | | Apt. <input type="text"/> | City/Town <input type="text"/> |
| | | | State RI | ZIP Code <input type="text"/> |
| 6. Mailing Address (If different from Box 5) <input type="text"/> | | | Apt. <input type="text"/> | City/Town <input type="text"/> |
| | | | State <input type="text"/> | ZIP Code <input type="text"/> |
| 7. Date of Birth (mm/dd/yyyy) <input type="text"/> | | 8. Phone No./ E-mail Address (optional) <input type="text"/> | | 9. List your party affiliation or print Unaffiliated. <input type="text"/> |
| Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> | | | | |
| 10. I swear or affirm that: - I am not incarcerated in a correctional facility upon a felony conviction. - I am not presently judged "mentally incompetent" to vote by a court of law. - The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry into the United States. | | | | <i>Official Use For Barcode</i> |
| PLEASE SIGN FULL NAME OR PLACE MARK BELOW | | | | |
| <input type="text"/> | | | | Are you interested in working at the polls? (check box below) <input type="checkbox"/> |
| | | | | Date: <input type="text"/> (mm/dd/yyyy) Signed |
| Warning: If you sign this form and know it to be false, you can be convicted and fined up to \$5,000 or jailed up to 10 years. | | | | |
| 11. PREVIOUS NAME (if different from Box 4) <input type="text"/> | | | 12. PREVIOUS ADDRESS OF REGISTRATION (City/Town, State, ZIP & County) <input type="text"/> | |

