Print Form

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)

1. Check Boxes that Apply: ☐ New Voter Registration ☐ Address Change ☐ Party Change ☐ Name Change

2. I am a U.S. Citizen and resident of Rhode Island. ☐ Yes ☐ No

I am at least 16 years of age. (You must be at least 18 years of age to vote.) ☐ Yes ☐ No

If you checked NO to either of these statements, do not complete this form.

3. RI driver's license or ID Number:

If you do not have a RI driver's license or ID, enter last 4 digits of your social security number:

If you do not enter either number, see instructions for Box 3.

4. Last Name	Suffix (if any)	First Name	Middle Name (or initial)

5. Home Address (Do not enter a post office box)	Apt.	City/Town	State	ZIP Code
			RI	

6. Mailing Address (If different from Box 5)	Apt.	City/Town	State	ZIP Code

7. Date of Birth (mm/dd/yyyy)

Month Day Year

8. Phone No./ E-mail Address (optional)

9. List your party affiliation or print Unaffiliated.

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.

Official Use For Barcode

PLEASE SIGN FULL NAME OR PLACE MARK BELOW

Signed

Date: (mm/dd/yyyy)

Are you interested in working at the polls? (check box below) ☐

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)	**12. PREVIOUS ADDRESS OF REGISTRATION** (City/Town, State, ZIP & County)

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