

# ARIZONA VOTER REGISTRATION FORM

FILL OUT COMPLETELY WITH A BLACK/BLUE PEN (RED SHADED BOXES ARE REQUIRED). TO BE ELIGIBLE TO VOTE A "FULL BALLOT," COMPLETE BOX 9, 10 OR 11 OR PROVIDE OTHER PROOF OF CITIZENSHIP - SEE BACK FOR DETAILS AND ADDITIONAL INSTRUCTIONS.

REGISTER ONLINE

**WWW.SERVICEARIZONA.COM**

FOR MORE INFORMATION

**WWW.AZSOS.GOV**

BOX FOR OFFICE USE ONLY

\$ 00

## 1 Permanent Early Voting List (PEVL) Receive your early ballot by mail!

**Yes**, I want to be added to PEVL and automatically get an early ballot by mail for every election for which I am eligible.  
*(To be on PEVL, your mailing address in Box 7 must be in Arizona.)*

**No**, I do not want to be added to PEVL. I understand CHECKING THIS BOX will remove my name from PEVL if it was previously included.

2	Last Name	First Name	Middle Name	Jr./Sr./III
---	-----------	------------	-------------	-------------

3 Residential Address (where you live – no P.O. Box/business address)  
If no street address, describe location using mileage, cross streets, parcel #, subdivision name/lot, or landmarks. Draw a map and/or provide latitude/longitude or geocode in Box 23 if located in a rural area without a traditional street address.

4 Apt./Unit/Space

5 City

6 Zip

7 Mailing Address (where you get mail, *if not delivered to residential address*)

<b>8</b> Last 4 Digits of Social Security #	<b>9</b> AZ Driver License or Nonoperating License #	<b>10</b> Tribal ID #
<b>11</b> Alien Registration, Naturalization Certificate, or Citizenship Certificate #	<b>12</b> Birth Date (MM/DD/YYYY)	<b>13</b> State or Country of Birth
<b>14</b> Party Preference <input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other _____ <input type="checkbox"/> None / No Party	<b>15</b> Telephone Number  Is this a cellphone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>16</b> Occupation
<b>17</b> If you were registered to vote in another state, list former address (including county and state)	<b>18</b> Former Name(s) (if applicable)	
<b>19</b> Father's Name or Mother's Maiden Name	<b>20</b> Are you willing to work at a polling place on Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b> E-Mail		
<b>22</b> Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be at least 18 years old by Election Day? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you checked "No" to either of these questions, <b>DO NOT</b> submit this form.

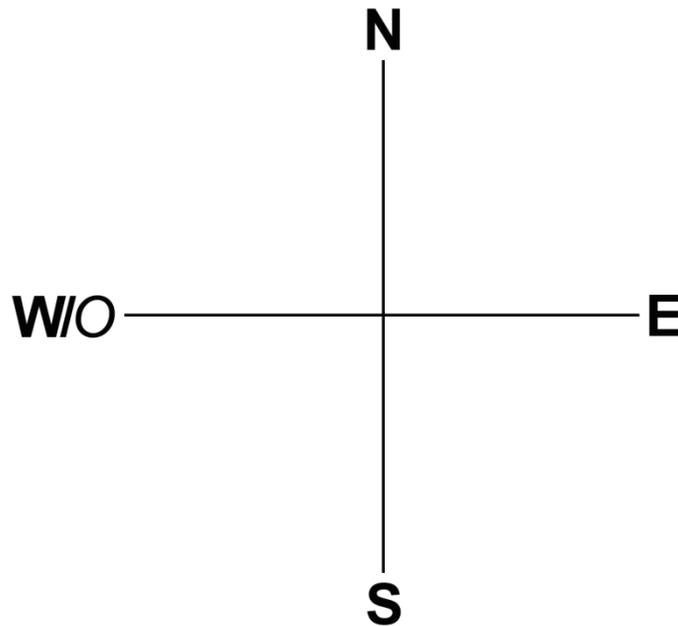
**22** **VOTER DECLARATION** – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I have NOT been convicted of a FELONY (or my civil rights have been restored - see back for details), and I have NOT been adjudicated INCAPACITATED with my voting rights revoked.

**SIGNATURE**

**DATE**

**23** If no street address, draw a map and/or provide the latitude/longitude:

or



geocode here:

**24** If you are unable to complete or sign the form, the form can be completed at your direction. The person who assisted you must sign here.

**SIGNATURE OF PERSON ASSISTING**

**DATE**