

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 Active Early Voting List (AEVL) Receive your early ballot by mail!

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

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

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

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

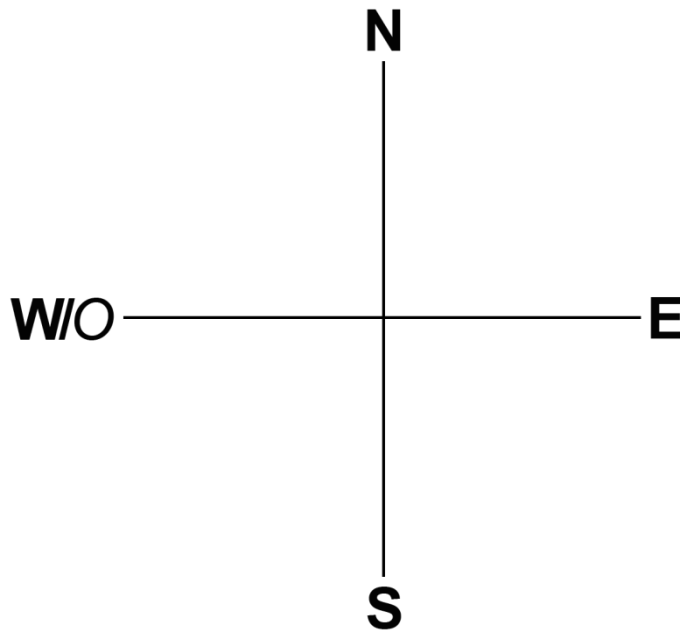
22 **VOTER DECLARATION** – By signing below, I swear or affirm that the above information is true, that I am a RESIDENT of Arizona, I have NOT been convicted of a FELONY (or my civil rights have been restored - see back for details), and I have NOT been adjudicated INCAPACITATED with my voting rights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