

REVISED 1/08 FLORIDA VOTER REGISTRATION APPLICATION

OFFICIAL USE ONLY

1 Check boxes that apply: New Registration Address Change Party Change Name Change Card Replacement Signature Update

2 Are you a citizen of the United States of America? Yes No (If NO, you cannot register to vote)

3 I affirm I am not a convicted felon, or if I am, my rights relating to voting have been restored.

4 I affirm I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

IF YOU ANSWERED NO TO QUESTION 2, OR IF YOU ARE UNABLE TO AFFIRM THE STATEMENTS IN BOXES 3 AND 4 YOU ARE INELIGIBLE TO REGISTER TO VOTE. DO NOT COMPLETE THIS APPLICATION.

5 Date of Birth (MM/DD/YYYY) **02/11/1953**

If you have a current and valid F, DL# or FLID card#, you must provide the number in this box. If you do not have a current and valid F, DL# or FLID card#, you must provide the number in this box. If you do not have the last 4 digits of your SSN, if you have not been issued a FL DL#, F ID card# or SSN, write "NONE".

ush None First Name **John** Middle Name/Initial **Ellis**

6 If you have pending DMV or court matters, you must provide the number in this box.

Check only one: Democratic Party Republican Party Other party (write registered party name): _____ NONE

Race (Check only one): American Indian/Alaskan Native Asian/Pacific Islander Black, not Hispanic Hispanic White, not Hispanic

Sex: M F Do you need voting assistance at the polls? Yes No Are you interested in being a poll worker? Yes No State or Country of Birth: **Texas**

15 Are you: Active Duty Military/Merchant Marine Dependent of Active Duty Military/Merchant Marine U.S. Citizen Currently Residing Outside the U.S.

16 **OATH:** I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

SIGNATURE: Sign or mark or line in box below. (Invalid without signature mark of applicant)

DATE: 3/5/2009

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