INDIANA COUNTY VOTER REGISTRATION APPLICATION

State Form 46965 (R14 / 11-25)
Indiana Election Division

(VRG-11)

For election info, see: **www.indianavoters.in.gov**

You can use this application to: Apply to register to vote in Indiana or change your name and address on your record or transfer your registration if you move out of your precinct.

To register you must: Be a citizen of the United States; be at least 18 years old on the day of the next general or municipal election; have lived in your precinct for at least 30 days before the next election; and not currently be imprisoned after being convicted of a crime.

If you are registering to vote in Indiana for the first time you must provide additional residence documentation before voting. If the county is able to match your driver's license number or social security number with an existing Indiana identification record bearing the same number, name, and date of birth you provide on the application, you have met the requirement. You can also meet this requirement by submitting proof of residence with this application or anytime up until election day. Proof of residency can be met by submitting either: (1) a COPY of your current and valid photo identification; or (2) a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address at the address you provided on this application. Please do not send originals. Cover any account information with a permanent marker.

An individual may not print or prefill any part of a voter registration form that will be mailed to another individual. This does not affect an individual assisting an applicant in completing a voter registration application when the applicant is physically unable to do so.

FILL IN ALL APPLICABLE BOXES IN BLUE OR BLACK INK. DO NOT FAX OR EMAIL FORM AFTER COMPLETING IT.

Mail or hand deliver the completed application to:
_____**County Voter Registration Office**
_____
_____**, IN** _____

Box 4: Residence Address Print the address where you live. If your address is a rural route, include the box number. If your residence has no address or street number, write a short description of its location in Box 4 or attach a map.

Boxes 10 or 11: If you check "no" in response to either question in Boxes 10 or 11, do not complete this application.

Box 12: Voter Identification Number: You are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. *If you do not have an Indiana driver's license,* provide the last four digits of your social security number. If you do not have an Indiana driver's license number, or a social security number, you must indicate "None".

Box 14: ***This application cannot be processed without the voter's original signature in this section.***

Registration Deadline: This application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If you miss this deadline, your application will be processed when registration reopens.

Box 15: If you or the Indiana Election Division do not file this application with the county voter registration office, the person who accepts custody of the application (with the exception of a member of the same household) must complete this certification before filing the application with the county voter registration office or the Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

Acknowledgment Notice: You will be sent a notice from your county voter registration office acknowledging receipt of your application. The notice informs you whether your application was approved by the county voter registration office. If your application is incomplete, you will be asked to provide additional information. *If you do not receive a notice within 30 days of filing this application, contact your county voter registration office.*

Indiana Election Division
302 West Washington Street, Room E204
Indianapolis, IN 46204-2743
Telephone: (317) 232-3939
Toll-free (Indiana only): (800) 622-4941
www.in.gov/sos/elections

APPLICANT'S RECEIPT FROM INDIVIDUAL ACCEPTING CUSTODY OF A COMPLETED VOTER REGISTRATION FORM (not a receipt from the county for voter registration purposes)

NOTE: *If you accept a completed form from another person, in order to submit his or her registration for consideration, you must submit the completed form to the county voter registration office or Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.*

I accepted custody of this completed application on ___/____/20___.

_____
Printed Name

_____
Residence Address

Please detach and give the receipt above to the applicant if you are accepting custody of a completed application.

1	Check boxes that apply: ☐ New registration ☐ Address change ***(See Box 6)*** ☐ Name change ***(See Box 13)***	2	Indiana county where you live:	**COUNTY USE ONLY**	**Date processed**	**Township / precinct**	**County tracking number**
3	Gender ☐ Female ☐ Male	Last Name	First Name	Middle Name or Initial	Suffix **Jr. Sr. II III IV**		
4	Residence Address (No Post Office Boxes) ***if no address, write short description or attach map.***	Apartment Number	City / Town	State **IN**	ZIP Code		
5	Mailing Address, if different from Box 4, ***if same, print "SAME"***	Apartment Number	City / Town	State	ZIP Code		
6	Previous Voter Registration Address	County	Apartment Number	City / Town	State	ZIP Code	
7	Date of Birth *(mm/dd/yy)*	8	Telephone number *(Optional)*	9	E-mail *(Optional)*		
10	Are you a citizen of the United States of America? ☐ Yes ☐ No	11	Will you be at least 18 years of age on or before election day? ☐ Yes ☐ No	12	Establish a Voter Identification Number—Applicant must provide a number or indicate "None". Provide your 10-digit Indiana issued driver's license number. If you do not possess an Indiana driver's license, then provide the last 4 digits of your social security number here. If you have none of these, check "None".	☐ Indiana Driver's License Number or Bureau of Motor Vehicles ID Card Number ☐ Last 4 Digits of Social Security Number ☐ None	
13	If you changed your name, what was your name before you changed it? ***If you have not changed your name, skip this question.***	Last Name	First Name	Middle Name or Initial	Suffix **Jr. Sr. II III IV**		

14

I authorize my voter registration at any other address to be cancelled. I swear or affirm that:
- ***I am a citizen of the United States.***
- ***I will be at least 18 years of age at the next general or municipal election.***
- ***I will have lived in my precinct for at least 30 days before the next election.***
- ***I am not currently in prison after being convicted of a crime.***
- ***All the above information and all other statements on this form are true.***

I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to $10,000, jailed for up to three years or both.

Signature of Applicant | Date *(mm/dd/yy)*

If applicant is unable to sign the application due to a disability, the person who wrote the applicant's name on the line above at the applicant's request, must provide his/her name and address below.

Name | Address | Telephone number *(Optional)*

15

CERTIFIED STATEMENT OF ACCEPTANCE

To be completed by a person who accepts custody of the completed application before filing with a county voter registration office or the Indiana Election Division. Does not apply to a person accepting a form from member of household.

I affirm under the penalties for perjury that I accepted custody of this completed application from the applicant on *(insert date):* ____/_____/20___.

_____
Printed Name

_____
Residence Address

_____
Signature

If you accept a completed form from another person, you must submit it to the county voter registration office or the Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first