

INSTRUCTIONS FOR REGISTERING TO VOTE

Print this page and complete the form below. Please read the topics carefully and provide the complete information.

Please note: #5 asks for your residence address – this cannot be a PO Box.

#6 asks for your mailing address – this can be a PO Box

Once your form is complete, please sign and date the form at the bottom and mail the form to:

Clerk and Recorder

If you have questions, you may call (406) 271-4000.

20 4th Ave SW

Conrad, MT 59425-2340

You may bring it to the Clerk and Recorder's office on the main floor of the Pondera County Courthouse in Conrad.



MONTANA VOTER REGISTRATION APPLICATION

Fields marked with an asterisk (*) are required. If you do not provide all of the required information, your application to register to vote will not be complete. **UNDER FEDERAL AND/OR STATE LAW ALL ELECTORS MUST PRESENT ID WHEN VOTING.** Please print clearly and use black or blue pen. **COMPLETE FORM AND SUBMIT TO COUNTY ELECTION OFFICE.**

ELIGIBILITY REQUIREMENTS AND IDENTIFYING INFORMATION

NOTE: VOTER REGISTRATION REQUIRED U.S. CITIZENSHIP

1 Check all that apply: New Registration Name Change Address Change Signature Update Other

2 Are you a citizen of the United States?* Yes No
Will you be a least 18 years of age on or before the next election?* Yes No
Will you be a Montana resident for at least 30 days before the next election?* Yes No
***If you answer "No" to any of the following questions, do not complete this form.**

3 Last Name* First Name* Middle Suffix (Jr., Sr., III)

4 Date of Birth* Contact Phone Email Address
month / day / year

5 Select one of the following and provide the required information*
 I have a Montana Driver's License or Montana ID and that number is _____
 I have not been issued a Montana Driver's License or ID card. The last 4 digits of my SSN are _____
 I do not have a Montana Driver's License or MT ID card, or a Social Security Number. I have attached a copy of a photo ID that shows my name, or acceptable ID that shows my name and current address (paycheck stub; utility bill; bank statement or government document).
ID numbers provided above are kept confidential and are not available for public inspection.

6 Montana Residence Address* City* County* Zip Code*

7 Mailing Address (required if differs from residence address) City State Zip Code

8 If applicable, check one of the following:
 Military Domestic (or military spouse or dependent) – only if on active duty and will be absent from place of registration
 Military Overseas (or overseas military spouse or dependent) U.S. Citizen Overseas

PREVIOUS REGISTRATION INFORMATION – will be used to provide cancellation information to former jurisdiction REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER MONTANA COUNTY OR STATE

9 Previous City, County and State Residence Address of Previous Registration Previous Registration Name

ABSENTEE LIST – CHECK BELOW IF YOU WISH TO BE PLACED ON THE ABSENTEE LIST

Yes, I request an absentee ballot to be mailed to me for all elections in which I am eligible to vote as long as I reside at the address listed on this application. I understand that in order to continue to receive an absentee ballot, I must complete, sign, and return an address confirmation notice mailed to me by the county election office in January of each even-numbered year.

If your mailing address differs during certain times of the year, please add the seasonal mailing address information in this space, or contact your county election office. Seasonal mailing address for the period of _____ / _____ / _____ through _____ / _____ / _____ Seasonal Mailing Address: _____

APPLICANT AFFIRMATION

I affirm under penalty of perjury that the information on this application is true, that I am a citizen of the United States, that I will be at least 18 years old on or before the next election, that I will have been a resident of Montana for at least 30 days prior to the next election, and that I am not serving a felony conviction in a penal institution nor have been found to be of unsound mind by a court. I understand that if I have given false information on this application, I may be subject to a fine or imprisonment, or both, under federal and/or state law.

Signature* _____ Date* _____
THE AFFIRMATION ON THIS APPLICATION FOR VOTER REGISTRATION MUST BE SIGNED BY THE APPLICANT – FAILURE TO DO SO WILL PREVENT APPLICATION FROM BEING PROCESSED.

For county use only
Date Senate House Precinct / Split Ward School