



INDIANA MAIL-IN VOTER REGISTRATION APPLICATION

State Form 46917 (R2 / 12-95)
Indiana Election Commission

(VRG-7)

You Can Use This Application To:

- apply to register to vote in Indiana.
- change your name or your address on your voter registration record.

To Register, You Must:

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

If You Move:

You must transfer your registration whenever you move out of your precinct. You may use this application to transfer your registration. You may mail the completed application or hand deliver it to your county registration office.

To Complete This Form:

FILL IN ALL THE BOXES THAT APPLY TO YOU

Box 4: Print the address where you live (number, street, apartment or lot number, city/town, and ZIP code). If your address is a rural route or star route, be sure to include the box number.

Box 5: If this address is the same as in Box 4, just print "SAME" in this box.

Boxes 7, 8 and 9: These questions are optional. Your application will be processed even if you don't answer any of these questions.

Boxes 10 and 11: SKIP these questions if they do not apply to you.

Box 12: SKIP this question if the address where you live has a street name and number (such as "100 Maple Street"). If you have a rural route or star route address, please draw a simple map that shows the nearest crossroads or street intersection and where your residence is located. If you don't live in a house or other building, please draw a map that shows where you usually sleep, and the nearby streets.

Registration Deadlines:

This application must be postmarked (or hand delivered to your county registration office) no later than 29 days before the next election. If your county registration office receives this application after that day, you will not be able to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens.

Questions?

Call your county voter registration office or the Indiana Election Commission for assistance.

Indiana Election Commission
Room E032 Government Center South
302 West Washington Street
Indianapolis, Indiana 46204-2738
(317) 232-3939 or
(800) 622-4941 - In Indiana only

Please PRINT in blue or black ink.

1	Check any that apply: <input type="checkbox"/> new registration <input type="checkbox"/> address change <input type="checkbox"/> name change	2	County where you live:	OFFICE USE ONLY	Date Processed: _____/_____/_____	Township/Precinct:	Voter Identification Number:
3	Mr. Mrs. Miss Ms.	Last Name		First Name		Middle Name(s)	Suffix Jr. Sr. II III IV
4	Address - Street (or route and box number)			Apt or Lot #	City/Town	State IN	Zip Code
5	Your mailing address (If Different From Box 4) If same, print "SAME".			City/Town		State	Zip Code
6	Date of Birth ____/____/____ Month Day Year	7	Telephone Number (optional) () _____	8	Social Security Number (optional) - - -	9 Would you like to be a pollworker? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Previous voter registration address, if any:		County	I authorize my voter registration at any other address to be cancelled, I swear or affirm that:			
Address - Street (or route and box number)		City/Town	State/Zip	<input type="checkbox"/> I am a citizen of the United States. <input type="checkbox"/> I will be at least 18 years of age at the next general election. <input type="checkbox"/> I will have lived in my precinct for at least 30 days before the election. <input type="checkbox"/> I am not currently in prison after being convicted of a crime. <input type="checkbox"/> The above information and all the other statements on this form are true. I understand that if I sign this statement and I know that it is not true I am committing perjury. I can be fined up to \$10,000, jailed up to three years, or both.			
11	If this is an application for a name change, what was your name before you changed it? If not, skip this question.						
Title Last Name	First Name	Middle Name(s)	Suffix				
12	Map/Diagram: If your residence has no address street number or name (such as "100 Maple Street), please draw a map of where your residence is located. Include roads and landmarks. If not, skip this question.						
Applicant's Signature _____							
Date: _____ Month/Day/Year							
If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address, and phone number (phone number is optional)							

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