



INDIANA AGENCY VOTER REGISTRATION APPLICATION

State Form 46914 (R9/9-11)

Indiana Election Commission

(VRG-6)

Receipt or Declination of Voter Registration

KEEP THIS RECEIPT FOR YOUR RECORDS

Printed Name	Date (mm/dd/yy)
Signature	County of Residence
Address	Registration Office Address
	Name of Agency Employee

If you are not registered to vote where you live now, would you like to apply to register to vote today?

☐ Yes (The agency where you apply to register is confidential.)

☐ No (I am registered to vote at the address where I live.)

☐ No

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. The fact that you have checked "NO" is confidential and the information will be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Box 10: Identification Documentation This documentation is only required for individuals registering to vote in Indiana for the first time, and are sending the application by mail. Individuals applying to register at an agency are not required to provide identification documentation.

Box 13: Voter Identification Number In Box 13, you are required to provide your Indiana driver's license number as issued by the 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, a voter identification number will be assigned to you.

Acknowledgment Notice: Your application will be forwarded to your county voter registration office. The county office will send to you a notice acknowledging receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If you have not received an acknowledgement notice within 30 days of completing this application, you should contact your county voter registration office. TAKE THIS RECEIPT TO YOUR POLLING PLACE ON ELECTION DAY. IF THIS RECEIPT INDICATES THAT YOU APPLIED TO REGISTER AT LEAST 29 DAYS BEFORE THE ELECTION YOUR RECEIPT WILL SERVE AS PROOF THAT YOU DID APPLY AND WILL PERMIT YOU TO VOTE ON ELECTION DAY, UNLESS THE COUNTY VOTER REGISTRATION OFFICE REJECTED YOUR APPLICATION.

If you believe that someone has interfered with your right to vote, your right to privacy in deciding whether to register or in applying to vote, or your right to choose your own political party or political preference, you may file a complaint with the Co-Directors of the Indiana Election Division, 302 West Washington Street, Room E204, Indianapolis, Indiana 46204-2743; (317)232-3939. If you want, you may first try to solve the problem by filing a complaint with the county voter registration office of the county where the violation occurred.

If Not Typed, Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 6) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Precinct	County Tracking Number
3	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
4	Residence Address (No Post Office Boxes)			Apt. No.	City / Town	State IN	Zip Code
5	Mailing Address, if different from Box 4, if same, print "SAME"			Apt. No.	City / Town	State	Zip Code
6	Previous Voter Registration Address		County	Apt. No.	City / Town	State	Zip Code
7	Date of Birth (mm/dd/yy)	8	Telephone number (If available)	9	E-mail (If available)	10	Are you including identification documentation? (See instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	12	Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No	13	Voter Identification Number 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. <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Social Security Number <input type="checkbox"/> None		
14	If you have 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	
15	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. Otherwise, skip this question. N W E S			16 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 If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application lists their name, address and telephone number in the box below. (Telephone number is optional.) Name Address City/Town Telephone Number (optional)			