

SPECIAL INSTRUCTIONS: Return IMMEDIATELY

COMPLIANCE with this state requirement provides proof of residence to protect voting rights, veteran's benefits, housing for the elderly and related benefits as well as providing information for selection of jurors. **THIS FORM DOES NOT REGISTER YOU AS A VOTER.**

GENERAL INSTRUCTIONS: Please Print

1. NAME - Verify and/or complete all information listed on the form.
2. List ALL family or household members whose legal address is the same. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
3. Make all changes in the SHADED LINE below the printed line.
4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
5. Put a line through the name of any resident no longer residing at this address. Also follow instructions for number 13.
6. MAIL TO - Designates the person in your household to whom mail should be addressed, if you wish to change, enter an "Y" next to that individual's name.
7. SEX - M or F
8. DATE OF BIRTH - Enter month, date, year
9. OCCUPATION - Enter the occupation, not place of employment.
10. REGISTERED VOTER - Check for correct party designation letter.
11. NATIONALITY - Enter only if not U.S. citizen.
12. VETERAN'S CODE - Enter "Y" if veteran.
13. MOVED/DECEASED - Enter "M" or "D" if appropriate.
14. Enter number of dogs at bottom of page.
15. POLLS - If interested Print Name and Telephone Number.
16. To return this form, tri-fold and insert into return envelope provided and mail.

Thank you for your cooperation.

Maria Pierotti
Administrative Registrar of Voters