



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 REQUIRES U.S. CITIZENSHIP

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

2 *If you answer "No" to any of the following questions, do not complete this form.

Are you a citizen of the United States?* Yes No
Will you be at 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

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

4 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 have not been issued a Montana Driver's License or 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*).

5 Montana Residence Address* _____ City* County* _____ Zip Code* _____

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

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

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

REQUIRED IF NAME CHANGED OR IF PREVIOUSLY REGISTERED TO VOTE IN ANOTHER COUNTY OR STATE

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

OPTIONAL - CHECK ONE OF THE OPTIONS BELOW TO BE PLACED ON THE ANNUAL ABSENTEE LIST

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

Yes, I request an absentee ballot to be mailed to me for **ONLY each federal election** in which I am eligible to vote this year as long as I reside at the address listed on this application, and for subsequent years. I understand that in order to continue to receive an absentee ballot, I must complete, sign and return a confirmation notice mailed to me by the county election office each year.

If your mailing address differs during certain times of the year, please visit sos.mt.gov or contact your county election office for a separate absentee list application.

APPLICANT AFFIRMATION

I affirm under penalty of perjury that the information on this application is true, that I am qualified to be an elector in the State of Montana, that I am not serving a felony conviction in a penal institution nor have I been found to be of unsound mind by a court. 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* _____

For county use only

Date Senate House Precinct _____ / Split _____ Ward School _____

(Fold and tape closed here)

_____ MT _____



Place
Stamp
Here

ELECTION ADMINISTRATOR

FLATHEAD COUNTY

800 S MAIN - ROOM 115
KALISPELL, MT 59901-5420