



STATE OF CONNECTICUT MAIL-IN VOTER REGISTRATION

(Disponible en Español)
ED-671
REV. 9/13
(CGS §9-23g)

■ YOU MAY USE THIS EASY FORM TO:

- register to vote in Connecticut
- change your name and/or address on current registration
- enroll in a political party or change party enrollment (Changing parties may result in losing rights in all parties for 3 months)

IMPORTANT! Keep your voter record up to date

■ REGISTRATION INSTRUCTIONS:

1. Fill in all boxes that apply to you on this application.
2. Place a first-class stamp on the application card, fold, and mail it to the town hall where you live (or deliver it to your town hall or voter registration agency).
3. **You are not a voter until your application is approved by the Registrar of Voters.**
4. You should receive a confirmation within 3 weeks. If you do not, contact the Registrar in your town hall.
5. **If (1) you submit this form by mail and (2) you are registering for the first time in town, you may wish to submit with this application your driver's license number or if none, the last four digits of your social security number; or (a) a copy of a current and valid photo I.D. or (b) a copy of a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address, in order to avoid additional I.D. requirements the first time you vote.**

■ QUESTIONS?

Call your local Registrar of Voters or the Secretary of the State at **(800) 540-3764** or **(860) 509-6100** (TDD, 800-303-3161)

■ TO REGISTER TO VOTE IN CONNECTICUT YOU MUST:

- be a United States citizen;
- be a resident of a Connecticut town;
- be at least 17 years old (**must turn 18 before election day**)
17 year olds, who will turn 18 on or before election day, may participate in general primary; **see section 1b below**
- have completed confinement and parole if previously convicted of a disfranchising felony

■ IF YOU MOVE:

You must fill out a new voter registration card if you have moved to a new town. Also, use this form to change address within town. **(See section 1a and section 10 below)**

■ REGISTRATION DEADLINES FOR NEW VOTERS:

PRIMARY: Your application must be postmarked by the 5th day before a primary (OR received by your Registrar of Voters or a voter registration agency by the 5th day before a primary). You may apply in person to your town clerk or registrar until 12:00 noon on the last business day before a primary.

ELECTION: Your application must be postmarked or received by a voter registration agency by the 14th day before an election (OR you may register in person with your Registrar of Voters by the 7th day before an election).

■ If you are unable to register prior to the registration deadlines for new voters at an election, you may be able to register and vote on election day at the designated location in your town.

FOLD ----- PLEASE USE PEN ----- PRINT CLEARLY ----- FOLD

| | | | | | |
|---|--|---|---|--|---|
| 1a Check Boxes that Apply: | | <input type="checkbox"/> New Voter Registration <small>(Includes move to a new town)</small> | <input type="checkbox"/> Address Change <small>(within the same town)</small> | <input type="checkbox"/> Name Change | <input type="checkbox"/> Party Enrollment Change |
| 1b Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Will you be 18 on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If you checked "NO" to either of these questions, do not complete this form. | |
| 2 Name of Applicant | | 3 Date of Birth | | 4 CT Driver's License Number | |
| Last Name | | (Month Day Year) | | (If none, last 4 digits of Soc. Sec. No.) | |
| Mr. Mrs. Miss Ms. | | First Name | | Address Where You Live | |
| Middle Name or Initial | | No., Street, Apt. # | | Town _____ Zip _____ State <u>Connecticut</u> | |
| Jr. Sr. II III IV | | 5 | | 6 | |
| If Different, Address Where You Get Your Mail (P.O. Box, etc.) | | Telephone Number (optional) | | Gender | |
| | | () | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 9 | | 10 | | 11 | |
| Do you wish to enroll in a political party? | | NAME or ADDRESS CHANGE. Previous Voting Address (if none, write "NONE") | | I swear or affirm that: | |
| <input type="checkbox"/> YES. Name of party: __ Republican __ Democratic Other: _____ | | No, Street, Apt # _____ | | • I am a U.S. Citizen | |
| <input type="checkbox"/> NO. I do not wish to enroll in a party at this time. | | Town _____ County _____ State _____ | | • I live at the address shown in box 5 above | |
| <small>Note: Declaring a party enables you to vote in that party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.</small> | | Name Under Which Registered (if different from above) | | • I am at least 17 years old | |
| | | | | • I have not been convicted of a disfranchising felony, or, if so, I am eligible to register to vote | |
| | | | | • The information provided here is true | |
| 12 | | | | Signature _____ Today's Date: ____ / ____ / ____ | |
| Would you like to work at the Polls on Election Day? | | | | | |
| <input type="checkbox"/> YES | | | | | |
| <input type="checkbox"/> NO | | | | | |

NOTE: The particular social service office at which you register to vote, or whether you decline to register, remains confidential and will be used only for voter registration purposes.

WARNING: If you sign this statement even though you know it is untrue, you can be convicted and imprisoned for up to five years and fined up to \$5,000.

| | | | | | |
|---|--|---|-----------------------------------|-----------------------------------|--|
| THIS SECTION COMPLETED ONLY BY AGENCY (OR SPECIAL ASSISTANT REGISTRAR OR TOWN CLERK) | | THIS SECTION COMPLETED ONLY BY REGISTRAR OF VOTERS | | | |
| DATE RECEIVED BY REGISTRAR | | REGISTRAR INITIAL | APPLICATION IS HEREBY: | | DATE NOTICE MAILED |
| (Date Received by Agency) | | | <input type="checkbox"/> ACCEPTED | <input type="checkbox"/> REJECTED | <input type="checkbox"/> NOTICE RETURNED UNDELIVERABLE |
| DATE ENROLLMENT EFFECTIVE IF CHANGING PARTY | | REASON FOR REJECTION | | | |

From: _____

Place
Stamp
Here

REGISTRAR OF VOTERS

_____ TOWN HALL
Name of Town

Address

_____, CT _____
Town Zip

PLEASE TAPE - DO NOT STAPLE