



INDIANA VOTER REGISTRATION APPLICATION

State Form 50504 (8-01)

Indiana Election Commission

(VRG-7i)

You can use this application to:

- Apply to register to vote in Indiana or
- Change your name and address on your voter registration record.

To register you must:

- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election; and
- Not currently be imprisoned 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 or hand deliver the completed application to your county registration office.

To complete this form:

FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK

Box 4: Residence Address Type or print the address where you live (number, street, apartment 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: Mailing Address If this address is the same as Box 4, just print "SAME" in this box.

Box 6: Previous Voter Registration Address If you have been registered previously, please list your most recent registration address.

Boxes 8, 9 and 10: These questions are optional. Your application will be processed even if you don't answer these questions.

Boxes 11: Voter Identification Number In Box 11 you are required to provide your Indiana driver's license number or Indiana identification card number as issued by the Indiana Bureau of Motor Vehicles. *If you do not have an Indiana driver's license or identification card*, then provide the last four digits of your social security number. Please indicate which number you are providing by checking the appropriate box.

Box 12: If this is an application for a name change, provide your previous name in Box 12. *If you have not changed your name, skip this question.*

Box 13: 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 do not live in a house or other building, please draw a map that shows where you usually sleep and the nearby streets.

Box 14: *This application cannot be processed without an original signature in this section.*

Registration Deadlines: In order to be processed for the next election, this application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If your county registration office receives this application after that day, you will be unable to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens.

Notices of Disposition: A Notice of Disposition is a notice that acknowledges receipt of your voter registration application. The notice informs you whether your registration application was approved. The notice may identify where you can vote. If your registration application is incomplete, you may be contacted and asked to provide additional information. *If you have not received a notice of disposition within 30 days of filing this application you should contact your county voter registration office.*

Questions? Call your county voter registration office or the Indiana Election Division for assistance.

Indiana Election Division

Indiana Government Center South, Room E204

302 West Washington Street

Indianapolis, Indiana 46204-2743

Telephone: 317-232-3939 or

Toll-free Indiana only: 800-622-4941

Fax: 317-233-6793

www.in.gov/sos/elections

elections@iec.state.in.us

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 12)	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	Would you like to be a pollworker? <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Voter Identification Number: Your state voter identification number is your 10-digit Indiana issued driver's license number or your state identification card number. If you do not possess an Indiana driver's license or state identification card, then provide the last 4 digits of your social security number here. Please check the appropriate box indicating which was provided.			<input type="checkbox"/> Indiana Driver's License Number <input type="checkbox"/> Indiana Personal ID Number <input type="checkbox"/> Last 4 digits of SS#		Voter Identification Number	
12	If this is an application for a name change, 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	
13	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 S			14 I authorize my voter registration at any other address to be cancelled. I swear or affirm that: <ul style="list-style-type: none"> 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 sign due to disability, the person who helped this applicant fill out the application lists their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	